11th Annual Meeting of EuroPharm Forum

Report on a WHO Meeting

Copenhagen, Denmark
3-5 October 2002

2002
ABSTRACT

The EuroPharm Forum held its 11th Annual Meeting in October 2002. Seventy participants from 26 countries participated. Various workshops on EuroPharm projects were featured, such as, Ask about your medicines, Asthma services, Diabetes care, HIV/AIDS, Hypertension management and Smoking cessation. The Forum members received reports of activities during the past year, considered proposals for future activities and elected new officers and members of the Executive Committee. The Forum approved a position paper on the role of the pharmacist in palliative care and decided on a strategy to strengthen and further develop EuroPharm projects. In addition, the Forum welcomed the extra funds that WHO had supplied to establish a new twinning arrangement between the Czech Republic and Ireland to facilitate the implementation of the patient education campaign “Ask about your medicines”. Finally, a public Symposium was held on health as a human right, and on how pharmacy practice could change in the light of WHO policies.

Keywords

SOCIETIES, PHARMACEUTICAL – congresses
PHARMACEUTICAL SERVICES – trends
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PALLIATIVE CARE
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ASTHMA
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Introduction

The 11th Annual Meeting was held on Friday, 4 October 2002, at the premises of the World Health Organization Regional Office for Europe, Copenhagen, Denmark. Sixty-five delegates attended from 26 member countries, together with 6 Observer organizations.

The meeting was followed by a Symposium, held at the Scandic Hotel, Copenhagen on 5 October 2002. The topic was Health as a human right – the WHO response: future direction in pharmacy practice and WHO priority areas. Seventy delegates attended the symposium, plus 3 speakers from WHO and 4 external speakers from Belgium, Denmark, Finland and Scotland, supported the event.

Welcome and opening of the Annual Meeting

The President of EuroPharm Forum, Maja Jakševac-Mikša, opened the Meeting by welcoming the represented members and observers on behalf of the Executive Committee. She welcomed the Acting Director for the Division of Country Support at WHO Regional Office for Europe, Dr Nata Menabde, who honoured the Meeting with her presence and addressed the Forum on behalf of the Regional Director, Dr Marc Danzon.

Dr Menabde opened her address by pointing out that WHO sees EuroPharm Forum as a vehicle and motor for implementing the various WHO policies within public health and hoped that pharmacists’ involvement was helping to improve patient care. The Forum concept has been borrowed by the other WHO regions, showing that the model has successfully passed its trial period and is now strongly standing on its feet and has the power to deliver, promote and communicate all the good that has been learned since 1992. She stressed explicitly that EuroPharm had become a visible partner in improving and increasing pharmacists’ role in health promoting activities, which also lead to improved collaboration with other professionals. WHO therefore welcomed the efforts of EuroPharm to strengthen collaboration with the other fora of health professionals. She also stated that the way in which EuroPharm had been able to clearly set targets and priorities, and in following those priorities over the years is what has given the visible results that we are all enjoying today. She closed her address by informing about the World Health Report 2002, due to be released on 30 October, and encouraged the participants to look at it and see where the pharmacy profession could play a role adding that promotion of healthy lifestyles was a very very important strategic direction for EuroPharm Forum to move towards.

Session 1 – General Assembly

Report of the Executive Committee

The President presented the annual report of the Executive Committee for the period October 2001 to October 2002 (Annex 2). With reference to the main achievements, which are listed in the report, she expressed general satisfaction about last year’s work.

Maja Jakševac-Mikša focused on the project work being a major area of the Forum programme. The work in the task forces was mainly focused on developing models of pharmacy-based
services within disease management and health promotion, yet without enabling EuroPharm to establish structured documentation. The task force managers have therefore looked at different possibilities to improve the impact of the projects and among the concrete activities initiated is the establishment and test of the feedback system within the Asthma services project. The two main conclusions of the pilot study were that the feedback system was a good way for the task force manager to get an overview of what is happening in the different countries; and that the completed feedback forms gave a good picture of the activities of pharmacists and/or their organizations.

This meant that if all the task forces reported their activities in that way, the set of reports would enable the Forum to demonstrate its role in supporting WHO policies, which she thought would be a big step forward.

The President was pleased to report that, within each of the two projects – Smoking cessation and Ask about your medicines – they were now in the situation that they had a model which was effective and showed evidence of the results and that both models were ready for use.

The other projects are at another stage. The Pharmacy-based hypertension management model had been tested in a pilot study. The experience with coaching during the pilot study was positive and it was felt that the project would benefit from including project management and letting the task force function as a project team, in order to speed up the process of demonstrating the impact of the pharmacists’ intervention. This was also the case within the Diabetes care and Asthma services projects.

The situation around the Pharmacists and HIV/AIDS project was different, as the FIP/WHO working group was working on the same topic. The Executive Committee, therefore, decided to put the Forum project on standby until the direction of the FIP project had been decided in Nice. It was decided that the Forum project should be re-orientated according to the FIP recommendations.

The President expressed her satisfaction with the Forum’s re-designed and updated Web site, which was launched in March 2002, and she encouraged the members to visit the site on a regular basis.

Regarding the membership of the Forum, she welcomed that two new members had joined the Forum in 2001, i.e. the Estonian Pharmacists’ Association and the Polish Pharmaceutical Society, but she very much regretted that Israel had resigned as member as of January 2002.

She closed her report by informing about the situation, which the Forum was facing right now, a situation where it was, impossible to continue expanding EuroPharm activities. The Secretariat could no longer absorb new activities without the allocation of extra resources and we therefore needed to discuss what the Forum should do in the future, taking into consideration the available resources. Such discussion was needed in order to balance the tasks with the resources and to enable staffing of the Secretariat in an appropriate way.

She then opened the floor for discussion.

Florence Petit-Guillier, Task Force Manager, questioned the expression “putting the Pharmacists and HIV/AIDS project on standby”, as she was of the opinion that the Executive Committee had modified the decision. The President explained that the Executive Committee had decided to put the project on standby until the direction of the FIP project had been decided in Nice. It was decided that the Forum project should be re-orientated according to the FIP recommendations.
The President assured the Forum that the annual report (Annex 2) would be changed to reflect this decision.

With this amendment, the Forum approved the annual report for 2001–2002.

**Finances**

The Treasurer, Dirk Broeckx, presented the profit and loss statement for 2001 (Annex 3). He started by reminding the Forum about the structure of the statement showing each of the two accounts – EFPA account and WHO account – separately, as well as together. The transfers from the EFPA account to the WHO account were necessary to cover the expenses that have to do with the Secretariat, the salaries and payment to WHO for housing the Forum and for providing technical support. He focused on the fact that the budgeted membership fees were not always what we received and encouraged the members to ensure that the fees were paid on time and with no loss for the Forum.

The end result of 2001 was a loss of US $306, but the Treasurer stressed that the financial situation is not as optimistic as this result shows, which will be explained together with the budget 2003.

He then turned his attention to the approved Profit and Loss 2000, explaining that it was based on figures that were known to the Forum at the time it was made. Later on, some differences had appeared between the Forum books and the final postings in WHO. The Treasurer explained that the Forum accounting is for one year, while the WHO accounting is biennial and when the WHO finances for the biennium 2000–2001 were finalized, the final figures were slightly different from the initial figures. It was therefore decided to adjust the Profit and Loss 2000 and the Treasurer explained that the adjustments were solely technical.

The report and the profit and loss statements did not provoke any comments and the floor was given to the Auditor, Wally Dove.

Wally Dove referred to the audit report, which the members had received together with the Profit and Loss 2001 prior to the Meeting (Annex 4). He reported that he had checked the books, stressing that although the new system made his task easier, the bookkeeping itself was rather complicated, not least in relation to matching it with the WHO finances, and he thanked Ida for the extra work that she had put in. He also informed about the discussions between the Executive Committee and himself on rationalizing the work, and welcomed the decision about consolidating and combining the Forum accounts into one WHO operated US $ account. He hoped this would relieve Ida’s time during the year, also making his job a lot easier and making the Treasurer’s report to the Forum much plainer.

He explained that the expenditure in 2001 matched the income for the year, with only a small loss of US $305. He declared that he found the accounts to be in order and asked the Forum to agree on his report and vote for the accounts that the Treasurer had gone through.

There were no questions from the Forum and they accepted the auditor’s report.

The Forum also accepted the profit and loss statement for 2001, as well as the adjusted profit and loss statement for 2000.
Dirk Broeckx then informed about the financial situation in general and the problems that the Forum would be facing in the next couple of years. The financial situation was not very good. EuroPharm had been underbudgeted ever since the beginning and has practically no reserves, and now extra problems were to be faced. He pointed out, as the President already mentioned, that projects and activities had been added year after year without ever asking members to pay anything extra. There had been some increases, but not very substantial ones. It was mentioned that WHO was restructuring the way they were working with personnel, and have asked all WHO programme managers, including the Forum, to establish more permanent solutions to ensure continuity in the work and make the posts attractive with more personnel security.

At present the staff in the Secretariat were on short-term contracts with periodic contract breaks. These would have to be transferred to longer contracts, which were more expensive. He illustrated the impact of contractual changes in different budget scenarios, to be used by the Executive Committee when looking at how the membership fees could be restructured to match future expenses. The Treasurer informed that the budget for 2003, which was tabled for approval in the afternoon session, was in line with previous budgets, and that members should be prepared to decide on a new fee structure next year to take effect from 2004.

A delegate from Germany queried the cause of the substantial financial difference between short and long-term contracts, as there seemed to be a doubling of the costs. The Treasurer replied that the main reason was that long-term contracts gave more social protection, whereas on short contracts, Ida Gustafsen would have no protection and explained, for instance, if members did not pay the fees Ida would have no job.

The Auditor, Wally Dove, said that EuroPharm Forum had to face reality. Ida was working with no security at all. EuroPharm was leaning on her too much, which was unfair. He stated that members themselves would not tolerate such working conditions in their own organizations, and the issue must not be put off for too long. It was unlikely that EuroPharm would find sponsorship, so realities of substantial increases in fees needed to be faced.

The President supported the comment from the Auditor, and Ida herself explained that her contract was only as long as there was money available.

Eeva Teräsalmi, Finland explained that the contract break was a significant problem for EuroPharm. If Ida did not have a valid contract, she was unable to enter the WHO offices and use the equipment. This was not an acceptable way in which to run an organization.

Kees de Joncheere, WHO Regional Adviser, talked in general about contractual arrangements for WHO staff, from a WHO point of view. He said that WHO, as a UN organization, was the “social conscience” and yet it has, in the past, treated its staff not accordingly. A decision has been made to correct this. Currently 70% of people working with WHO were on short-term contracts and work for 11 months, followed by one month of unpaid leave, before a new contract can be made. A change within WHO was essential in order that WHO could continue to attract talented staff and provide working conditions that are normally accepted in European countries.
Report on activities

Feedback System, evaluation and recommendations

The President opened the topic by summing up: the feedback system was developed in 2000 by the Quality Institute of Pharmaceutical Care, in cooperation with the task force managers, and in June 2001 a pilot study was launched to test the system within the Asthma services project. The result of the evaluation was now ready and would be presented here.

The President thanked those members who had made the study possible through generous contributions, and also the team at the Quality Institute for doing the work, together with the Task Force manager.

Dick Tromp briefly introduced the activity, stressing that it was one of the elements in strengthening the actions of the task forces, and he referred to the annual report where the whole process was outlined. There have been debates about communication, coaching and data collection, wanting to demonstrate what EuroPharm Forum was doing and what pharmacists were doing.

He reminded that last year the Forum made a decision to make a pilot study on how to get feedback for what was happening in the different task forces. A decision was made to bring this action to the Quality Institute of Pharmaceutical Care (QIPC) and to carry out the study in the task force on Asthma services. The team around the work of the task force was introduced, consisting of Maaike Smit and Willem de Boer from QIPC, Ida Gustafsen from the Secretariat, and himself as the task force manager. He also thanked the sponsors, particularly KNMP who paid an extra grant to support the work in the task force, which of course, had increased considerably during the pilot study. He closed by introducing Maaike Smit who, besides being the pharmacist who had worked with this pilot, was also experienced in coaching groups of pharmacists.

Maaike Smit gave a detailed technical report (Annex 5). She started by explaining that the aim was twofold. First, to demonstrate the efforts and results of the task force and, second to monitor the process and results of the intervention in order to make improvements. The feedback system should provide the task force manager with information to enhance his role in the exchange of information and experiences between countries. This information should also help the Executive Committee to demonstrate the added value of EuroPharm Forum.

She outlined the method, focusing on the questionnaires that were used to study the current situation in the participating countries and the progress reports, which were used to monitor the activities, before presenting the results. She pointed out that the feedback system is a good way for the task force manager to get an overview of what is happening in the different countries. Besides the completed feedback forms give a good picture of the activities of pharmacists and/or their organizations, which means, that if all taskforces report their activities in this comparable way, the set of reports would enable the Forum to demonstrate its role in supporting the WHO policies.

She then reported the lessons that might be learned for the general structure of the Forum and concretised this in three models that could support the task force managers. The models have different systematic backgrounds: we can choose to continue with providing model programmes (the supply driven model); use the task force as a network for information (the network model);
or let the task force function as a real project team (the demand driven model). The QIPC team recommends the demand driven model. With some steering, the results will be reported faster, enabling the Forum to draw conclusions on its efforts, she said.

The technical report was followed by a political report presented by the President (Annex 6). She expressed the Committee’s satisfaction with having the feedback system: It gives us a picture of the process and provides us with the possibility to monitor the quality of the intervention of the Forum.

The President said that the evaluation report had been used as a basis for analysing the project work and that the Executive Committee together with the task force managers had elaborated a strategy to improve the work of the task forces. Both the Committee and the managers agree with QIPC that, from a professional point of view, the demand driven model should be used. She explained that the Committee has tried to balance this wish with what is politically feasible, resulting in a strategy, which hopefully will enable the Forum to demonstrate the impact of the work.

Maaike ended her presentation by outlining the strategy with three recommendations to the Forum:

1. To continue with the projects on Asthma services, Diabetes care and Hypertension management in a more intense way, letting the task forces function as project teams.
2. To run the two projects Ask about your medicines and Smoking cessation in another way by using the Forum as a network for sharing experiences and knowledge, possibly through twinning arrangements.
3. To reorient the Pharmacists and HIV/AIDS project according to the FIP recommendations.

A delegate from Finland stated that they had been one of the countries trying to fill out the questionnaires, but that it took up a lot of time. They recognized that they couldn’t follow a model exactly because of national practices. They do not just want to have extra work in order for the Forum to demonstrate the value of their intervention and said that EuroPharm should allow them to do their work effectively. The Finnish delegates preferred the supply driven model, because the material was very useful to them. They did not use the material exactly, but used it as a base for their own material.

The United Kingdom member supported Finland.

Eeva Teräsalmi stated that the Executive Committee was not trying to make more work for EuroPharm members, but trying to reorganize the work of the Secretariat so that they could help members work more efficiently. She also stated that EuroPharm Forum wanted to focus on the three projects in depth. The demand driven model will be more labour intensive for the Secretariat, so it will only be possible for the Secretariat to concentrate on three projects in this way.

Belgium asked for the projects to be made simpler and make implementation easier. Dirk Broeckx emphasized the importance of pharmacists to record their interventions in order to demonstrate their value. If the projects did not develop in the way recommended by the Executive Committee, pharmacists would never be able to do this.
A delegate from Denmark suggested that the database set-up by the Ludwig Boltzman Institute covering health promotion activities in community pharmacy in the EU be used as a basis for reporting country activities and requested whether this had been considered. Ida Gustafsen reported that there had been discussions about this with PGEU, but the problem was to find the resources for maintaining and updating the database, and nothing had been decided yet.

The Dutch delegate, who had also been involved in these discussions between the Forum and PGEU, did not think that updating the database would be such a problem, as things did not move so quickly. He suggested that the network model would be better because it would be less labour intensive on the Secretariat. He asked the Executive Committee what would be the financial implications of choosing the demand driven model.

Eeva Teräsalmi reported that the Executive Committee was considering the resources. The demand driven model required more resources, but by concentrating on the three projects, existing resources could be diverted.

Dick Tromp reported that Professor Pelikan would be willing to give over the Ludwig Boltzman database, but maintained it was time-consuming for the country.

A delegate from the United Kingdom said that there was a need to collect much wider information, beyond the current projects and about the value of pharmacists. Any projects that show cost-effective use of the pharmacists should be used politically to promote WHO.

Another delegate from the United Kingdom raised concerns about governments throughout Europe that were trying to take money out of the medicine supply chain. It was important to look more widely at the evidence of pharmacists’ value.

PGEU confirmed the political position for pharmacists in Europe and repeated the need for evidence of the pharmacists’ value to promote this to Governments, European Institutions and WHO.

Decision
It was decided that, in order to make progress, the recommendations from the Executive Committee should be accepted but all the discussion/comments from EuroPharm Forum members should be considered by the new Executive Committee with a view to reconsidering the strategy for developing the projects and collecting evidence of the value of pharmacists.

Virtual Exchange Group
Dirk Broeckx briefly explained the idea and objectives of the pilot virtual exchange group that was established at the 10th Annual meeting. He said that it was a new way of working in the Forum to facilitate the exchange of ideas, models, results, experiences, etc. within non-prescription drugs and self-care. The initiative has, however, not really attracted the attention of the members and was therefore tabled for reconsideration.

As this project was only just beginning to work, and since the project was not costing EuroPharm Forum any money, it was decided that the work should continue for the next year.
**Twinning programme, status on activity**

The President explained that funds had been made available through a grant from WHO Regional Office for Europe to continue the twinning programme for the biennium 2002–2003. The Executive Committee had decided to use the funds to establish one new twinning pair and, based on the applications from member associations, the Czech Republic and Ireland had been chosen. Besides, a small grant was left for the existing twinning pairs to continue and expand their activities.

Lucie Driova and Marie Zajicova from the Czech Republic presented their twinning programme. Ms Driova reported on the current healthcare situation in the country. Ms Zajicova continued with more details on the actual twinning programme, informing about how it had developed over the last two years, and that three questionnaires had been prepared for the Ask about your medicines campaign. She reported that 35 pharmacies were involved and that the first questionnaire was completed in September. She then outlined how the money would be used. The funds would cover 75% of the costs and she thanked the Forum for providing the funds and giving them the opportunity to implement the campaign in Czech Republic.

**Palliative Care**

Ida Gustafsen briefly introduced the topic to the Forum. She informed that the Council of Europe had established a Committee of Experts on the Organization of Palliative Care to carry out a survey on the existence, extent and nature of palliative care and to make proposals on the legislative framework and on the development of structures for the practice of palliative care. The Committee was expected to come up with recommendations this autumn, which would go to the Council of Ministers for approval through the European Health Committee.

The list of experts, and a copy of the survey that had been made on activities in Europe, were handed out, and the Forum was encouraged to check if activities in their country were reported in the survey, and whether the data were correct. The members were also encouraged to contact the member of the Council of Europe and the member of the Committee of Experts from their country, if any, if they felt that it was important to establish the role of pharmacists in this area.

Ida Gustafsen also explained that the Committee of Experts had shown interest in what the WHO Regional Office for Europe could do to build on, and sustain, interest in the work on developing palliative care once the Committee has been discharged and its recommendations accepted. One of the initiatives being discussed is whether it might be an appropriate topic that could be taken up with the three professional Forums to facilitate the involvement of doctors, nurses and pharmacists in the implementation and follow-up of the recommendations.

The Belgian delegation informed the Forum on activities carried out in Belgium. Dirk Broeckx said that the Executive Committee would like the role of the pharmacist in palliative care to be reflected in the Council of Europe recommendation. He suggested to the Forum to make a position on this to be submitted to the Committee of Experts before their final meeting by the end of October. A draft paper was provided. It had been used in Belgium and was now translated into English, and adjusted to cover all Europe. Dirk Broeckx stated that any member could use it in his or her own country. The paper might also be used as the basis for a position paper from EuroPharm Forum and he encouraged the members to look at the paper and decide in the afternoon session.
Wally Dove added that it was important that members had time to input into the EuroPharm position.

Loek Arts suggested the removal of the last sentence in the document.

The Committee agreed to Loek’s proposal and also that any comments on the palliative care paper should be submitted to the Secretariat within a week.

**Election of Executive Committee officers and members**

The President referred to the relevant excerpt from the Statutes and explained the voting procedure to the members of the Forum.

Nominations for the elections had been received prior to the Annual Meeting (Annex 7).

Sandra Berzina withdrew her nomination for Vice-President and no further nominations for vice-president were received during the Meeting;

There was only one candidate each for the office of President, Vice-President and Treasurer;

The nominees were put forward to the Forum and unanimously elected for the following offices:

**President**

*It was RESOLVED that Eeva Teräsväli be elected President of EuroPharm Forum for the period up to the 13th Annual Meeting in 2004.*

**Vice-President**

*It was RESOLVED that Herbert Cabana be elected Vice-President of EuroPharm Forum for the period up to the 13th Annual Meeting in 2004.*

**Treasurer**

*It was RESOLVED that Dirk Broeckx be elected Treasurer of EuroPharm Forum for the period up to the 13th Annual Meeting in 2004.*

A total of 5 nominations for the 4 positions as members were received from France, Germany, Hungary, Latvia and Portugal. This meant voting would take place and the President asked for two polling officers to give out the ballot slips, collect them and count the votes. Hans-Günter Friese, Germany and John Ferguson, United Kingdom accepted to be the polling officers.

The President thanked all the candidates for their nominations, which she considered showed the commitment and enthusiasm for the Forum. The candidates from Germany, Hungary and Latvia, not already on the Executive Committee, were allowed to give a two-minute presentation to the Forum. Blank ballot papers were randomly handed out, crosses put against the 4 candidates nominated, then the ballot papers were collected and the polling officers retired to count the votes.

As a result of the ballots, the following 4 members (in alphabetical order of country) were elected to the Executive Committee for the following 2 years:
Country Reports

The President informed that members had been requested to submit country reports for use in the working group on developing a new fee structure, as well as in the task forces. The reports had been included in the participants’ binders for information and not meant to be discussed as such.

The delegate from Portugal asked that written country reports be presented each year.

Eeva Teräsalmi suggested that this was a good way of collecting data and asked if the country reports should be put on the Web site. Maja Jaksevac-Miksa had reservations about putting this data on the Web site, and the Forum agreed to her viewpoint.

At the suggestion of the member from Portugal, it was agreed that the process should be repeated each year.

It was decided that the country reports should be sent by email to any members who were not at the annual meeting.

Session 2 – Task Force Workshops

Ida Gustafsen gave a short general introduction to the workshops, which were organized in two sessions, running parallel. The relevant task force managers held the workshops.

Workshop A

This workshop comprised the projects “Ask about your medicines”, “Asthma services” and “Smoking cessation”.

Workshop B

This workshop comprised the projects “CINDI Hypertension management”, “Pharmacists and HIV/AIDS” and “Diabetes care”.

The Task Force Managers compiled reports about the discussions and outcome of the workshops, which are attached as (Annexes 8–13).

Session 3 – General Assembly

Ms Maja Jakševac-Mikša handed over the Presidency to Eeva Teräsalmi. She thanked the Secretariat, especially Ida Gustafsen. She also thanked the members for their support, and said that she was honoured to have been a member of the Executive Committee for two years, Vice-
President for two years and President for two years, and said that the members themselves would judge how successful she had been.

The new President, Eeva Teräsväri, commented, “what have you got when electing me President!” – then went on to thank the Finnish Association for their support and encouragement. She mentioned that her main challenges would be (1) to find a sound economical basis, i.e. no money – no activities! The Forum would have to think about how to solve this, and it should be discussed at the 12th Annual Meeting in 2003; (2) to implement strategies to improve the ways of working for task forces. There was much to do in the field of noncommunicable diseases; (3) to organize our work according to the needs of WHO; (4) to develop self-confidence and self-respect for what we do now, as well as what we can do in the future; (5) to strengthen the cooperation with our observers and partners.

The new President stated that she would do her best, and hoped everybody would work together.

She also thanked the immediate Past President for all her hard work over the past six years.

**Budget 2003 and membership fees 2003**

The Treasurer, Dirk Broeckx, congratulated both the outgoing president and the new president, before he turned to the finances. He referred to the discussion during the morning session and repeated that the proposed budget was an under-budgeted budget and that the new Executive Committee should prepare a change of the fee structure to take effect from 1 January 2004 in order to balance the budget.

The proposed budget for 2003 had been sent to all members prior to the meeting (Annex 15). Dirk Broeckx informed the Forum that the budget is in line with previous budgets and includes an increase of the fee for category A, B and C with 5%, as well as an increase of the fee per country of category D to US $1000. The minimum fee per association stays in effect and should still be US $600. The Treasurer explained that support to those countries that cannot manage the fee would be continued in line with current practice, but he strongly encouraged all members to do their utmost to contribute, as the Forum would really need the money.

The budget has a simple structure and incorporates two full time staff on short-term contracts. The other budget items are more or less the same as last year. The travel costs, however, are higher because the annual meeting in 2003 takes place outside Copenhagen, involving travel costs for the Secretariat.

Dick Tromp explained that the debate during the morning session about the future of the projects had been continued in the asthma workshop. He thought the Forum should know about the consensus and commitment within the group before confirming the budget and hoped the Executive Committee would take it onboard and debate it. He reported that the task force would like to look wider at projects being carried out at national level and continue the work on data collection and feedback, enabling us to document the activities of the pharmacist in a way that is feasible for political people to use. The Asthma task force would like to continue on today’s activity level, to develop indicators for use at national level, and to continue working the way as was done during the pilot.

The Forum then approved the 2003 budget including the increase in membership fees.
Any other business

The Observers were invited to take the floor and address the Forum if they so wished.

The Observers thanked the Executive Committee for the opportunity to discuss common agendas and goals at the meeting, which had taken place the previous day, and hoped that this collaboration would continue.

Palliative Care

As follow-up to the discussion during the morning session, Dirk Broeckx asked for immediate comments to the draft paper. No comments were given at this point and the members were reminded about the decision to submit any comment to the Secretariat within a week. By then the position paper should be finalized and subsequently sent to the Committee of Experts to visualize that pharmacists are important members of the team around the patient in need of palliative care.

Date and venue of the next annual meeting

It was decided that the 12th Annual Meeting would take place in Helsinki, Finland – between 9 and 11 October 2003.

Summing-up

The President stated that it had been a long, but successful day, where lots of decisions had been made. We now had a new Executive Committee, a strategy for our project work in the coming years, a feedback system, a position paper on the role of the pharmacists in palliative care and a budget on which we can survive for the year 2003. She looked forward to a good and fruitful cooperation, finally commenting that there seemed to be a lot going on, judging by the activity reports.
**Annex 1**

**PROGRAMME OF THE 11TH ANNUAL MEETING**

**Provisional Programme**

**Friday 4 October**

08:30 – 09:30  
Registration, WHO Regional Office for Europe

09:30 – 10:00  
Welcome and opening of the meeting  
Maja Jaksevac-Miksa, President of EuroPharm Forum  
Nata Menabde, Acting Director, Division of Country Support, WHO Regional Office for Europe

10:00 – 13:00  
with coffee break

Session 1 – General Assembly

1. Report of the Executive Committee
2. Finances  
   - Profit and loss account 2001  
   - Auditor’s report  
   - Profit and loss account 2000
3. Feedback system and recommendations for the Forum
4. Virtual exchange group
5. Twinning programme
6. Palliative care
7. Election of Officers and Members of Executive Committee
8. Projects – introduction to the workshops

13:00 – 14:00  
Lunch in the WHO canteen at 4th floor

14:00 – 17:45  
with coffee break

Session 2 – Task force workshops

**Workshop options at 14:00 – 15:45**

14:00 – 15:45  
A–1. Ask about your medicines project – André Masy  
A–2. Asthma services project – Dick Tromp  
A–3. Smoking cessation project – Eeva Teräsalmi

15:45 – 16:00  
Coffee break

**Workshop options at 16:00 – 17:45**

16:00 – 17:45  
B–1. CINDI hypertension management project – Suzete Costa  
B–3. Diabetes care project – Maria Augusta Soares
Friday 4 October
17:45 – 18:15  

Session 3 – General Assembly

   Section 16: AM11/27, AM11/28, AM11/31

10. Any other business  
    • Country reports  
   Section 9: AM11/20

11. Date and venue of next annual meeting  
   Section 18: AM11/30

Summing up and closure of the meeting
Symposium on Health as a human right – the WHO response
Subtitle: “Future direction in pharmacy practice and WHO priority areas”
Saturday, 5th October 2002 from 9:30–16:30 in the Scandic Hotel, Copenhagen

PROVISIONAL PROGRAMME

09:30 – 10:00 Welcome and opening
  • Dr Dirk Broeckx, Belgium, Chair

THE WHO RESPONSE – KEYNOTE ADDRESSES
10:00 – 10:30 WHO values and health policy: Addressing the poverty challenge
  • Dr Erio Ziglio, WHO
10:30 – 11:00 Key strategies in health care provision
  • Dr Andrei Issakov, WHO
11:00 – 11:25 Coffee

PHARMACISTS’ RESPONSE – reactions to the keynotes
11:25 – 11:50 Preventing and overcoming threats to health
  • Dr Scott Bryson, Scotland
11:50 – 12:15 Advocating public health
  • Professor Ebba Holme Hansen, Denmark
12:15 – 12:45 Panel discussion
12:45 – 14:00 Lunch

PRIORITY AGENDA ITEMS
  • How can countries actualise WHO policies in concrete situations?
  • How can the involvement of pharmacists make a difference to the public/patient?
14:00 – 14:25 The contribution of pharmaceutical care in the support of patients with mood disorders
  • Dr Marianne Enäkoski, Finland
14:25 – 14:50 Active ageing
  • Dr Marleen Haems, Belgium
14:50 – 15:15 Rational use of medicines
  • Dr Kees de Joncheere, WHO
15:15 – 15:45 Coffee
15:45 – 16:15 Panel discussion
16:15 – 16:30 Summing up and closure
Annex 2

ANNUAL REPORT 2002
(OCTOBER 2001 – OCTOBER 2002)

World Health Organization
Regional Office for Europe

EuroPharm Forum Secretariat
Health Technologies & Pharmaceuticals Programme

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EuroPharm Forum
The Forum is a joint network between national pharmaceutical associations and the World Health Organization Regional Office for Europe. It was founded in 1992 and today associations of 34 countries are members, covering central, eastern and western European countries, as well as the newly independent states.

Executive Committee
President – Ms Maja Jaksevac-Miksa
Vice-President – Ms Eeva Teräsalmi
Treasurer – Mr Dirk Broeckx
Member – Ms Suzete Costa
Member – Mr Henri Lepage
Member – Mr Marco Nocentini
Member – Mr Herbert Cabana

Secretariat
Manager – Ms Ida Gustafsen
Secretary – Ms Grace Magnusson
Preface

The Forum’s mission is to improve health in Europe according to priorities set by WHO. This work is effected through dialogue and cooperation between the national pharmaceutical associations and WHO.

The core activities of the Forum aim at developing best pharmacy practices and making best use of the potential of community pharmacies.

The Forum seeks to strengthen all aspects of the pharmacist contribution to health in Europe. A Forum priority is to develop the role of pharmacists in providing advice and information, encouraging safe drug use, promoting healthy lifestyles, and supporting disease management through pharmacy-based patient-oriented services. In this respect the Forum seeks to develop effective cooperation between pharmacists, prescribers and other health-care professionals.

The activities of EuroPharm Forum are aimed at implementing WHO policies in pharmacy practice through the national pharmaceutical associations. Most Forum activities take the form of projects, and are directed primarily towards health promotion and improved management of chronic illness. Other Forum activities focus on project methodology in order to improve the project products and thereby enhance pharmacist skills at national and local level.

Main achievements

The Forum has further extended and intensified its activities during the previous year: Execution and evaluation of a pilot study to test the feedback system, providing the Forum with a system that describes the process and gives the possibility to monitor the quality of the intervention; establishment of a new twinning arrangement in 2002–2003 to facilitate the implementation of the patient education campaign “Questions to ask about your medicines”; execution and evaluation of the pilot study to test the pharmacy-based hypertension management model, showing that pharmacists can make a difference by providing care to patients including screening for high blood pressure, regular blood pressure measurement and patient counselling; publishing a research report on pharmacists’ smoking habits and their interest in smoking cessation activities; and publishing the updated PharmaDiaβ programme listing recommendations for a stepwise intervention by pharmacists.

All these activities are explained in more detail later in the report.

Additionally, the Forum Web site was re-designed, updated and re-launched in March 2002. Among many new features, it offers links to the members and observers of the Forum, and the project protocols can be downloaded from the site. The site is accessible at: www.euro.who.int/europharm. This initiative has increased the visibility of the Forum and still more queries are received in the Secretariat from interested partners and individuals.

The Executive Committee welcomes the establishment of the new pharmaceutical fora in other WHO Regions and also that FIP has created a framework for a better collaboration between the fora. This is done through inviting the presidents and the professional secretaries of all the fora to join a FIP Bureau meeting twice a year to discuss and share ideas and experiences.
An overview of the main activities within the period from October 2001 to October 2002 is given below.

**Overview of the Forum’s main activities in the period October 2001 – October 2002**

- A Symposium on Professionalism & Ethics was held in October 2001 with the overall aim to open a debate around the social and ethical role of the pharmacist and in particular how to balance it with the economical and competitive aspects of the profession. The Symposium was evaluated as successful.

- A pilot study to test the feedback system was carried out within the Asthma services project from July 2001 – July 2002 for funds that were established through generous contributions from some member associations. The study provides us with a system showing the process and giving us the possibility to monitor the quality of the intervention of the Forum. The evaluation report will be presented to the Forum at the 11th Annual Meeting in October 2002 together with recommendations from the Executive Committee on how to use the results of the study to strengthen and further develop the Forum.

- Evaluation of the twinning programme, which was established to facilitate the implementation of the patient education campaign “Questions to ask about your medicines”, showed that the twinning model was feasible for this purpose. Extra funds has been obtained from WHO to establish a new twinning arrangement between the Czech Republic and Ireland and to support the continuation of the three existing twinning arrangements in 2002–2003.

- The EU funded Survey on pharmacists’ smoking habits and their interest in smoking cessation activities was carried out in 12 EU countries in 2001 and the results published in February 2002 in the research report Pharmacists against smoking. The report shows that community pharmacies are increasingly involved in smoking cessation activities in daily practice. It calls for specific training to support pharmacists already active in cessation, and to motivate those who are not yet active. It also calls for the cessation role of the community pharmacist to be recognized, and to be included in national policy documents. Finally, it calls for scientific assessment of pharmacist results in the evaluation process.

- The Pharmacy-based hypertension management model was tested and implemented in Estonia, Latvia, Lithuania, Portugal, Slovenia and Spain. The evaluation shows that pharmacists can make a difference by providing care to patients including screening for high blood pressure, regular blood pressure measurement and patient counselling. The task force manager of the hypertension management project coached the data collection.

- The PharmaDiaβ II programme “Improved Quality in Diabetes Care – The Pharmacist in the St. Vincent Team: Protocol and Guidelines” was published in the beginning of 2002 after approval by the Forum at the 10th Annual Meeting. It recommends that pharmacists take a step-by-step approach to diabetes prevention, early detection, and outcome-oriented patient counselling and education. The focus of the project has turned to implementation and data collection.

- The Newsflash is issued on a monthly basis and has proved to be a success with a continuously growing list of subscribers.

- Two new members, i.e. the Estonian Pharmacists’ Association and the Polish Pharmaceutical Society, joined the Forum in 2001. As of January 2002 the Pharmaceutical Association of Israel resigned as member.
New activities

The EuroPharm Forum Feedback System

A couple of years ago the Forum decided to establish and test a feedback system, which was made possible through generous contributions from some of our member associations.

The feedback system aims at providing an overview of the activities of pharmacists in the member countries. It has been established as a way to ensure that the data produced and collected in the various countries are comparable. It is intended to be a standard method of assessment that will be used in all Forum projects and covers both demonstration and monitoring aspects. The demonstration elements show the impact of pharmacist involvement in improving patient care. The monitoring elements show where and how project implementation can be improved.

The feedback system was initiated in July 2001 as a pilot study under the Asthma services project and managed by the task force manager of this project, Dick Tromp. The specific purpose here was to provide an overview of pharmacist activities in the field of asthma care in order to find a methodology that could synchronize and measure results. The study analysed, among other things, how the services were carried out and what their outcomes were.

The Quality Institute for Pharmaceutical Care (QIPC) in the Netherlands developed the study in cooperation with the Forum task force managers. The pilot study ended in July 2002 and QIPC has delivered the final evaluation report including both conclusions and recommendations. The conclusions focus on the process of the feedback system and the possibility to copy this system to other taskforces, while the recommendations are about the lessons that might be learned for the general structure of the Forum.

The two main conclusions are that the feedback system is a good way for the task force manager to get an overview of what is happening in the different countries; and that the completed feedback forms give a good picture of the activities of pharmacists and/or their organizations. This means, that if all taskforces report their activities in this comparable way, the set of reports would enable the Forum to demonstrate its role in supporting the WHO policies. The recommendations comprise three different options/approaches with different systematic backgrounds: we can choose to continue with providing model programmes; use the task force as a network for information; or let the task force function as a real project team. The QIPC report lists the three options together with advances, consequences and conclusions, all seen from a technical point of view.

The outcome of the feedback system will be presented to the Forum at the 11th Annual Meeting together with recommendations from the Executive Committee on how to use the results of the study to strengthen and further develop the Forum.

Virtual exchange group

The virtual exchange group is a closed group of representatives of the Forum’s member associations who collaborate on a specific topic by e-mail on Internet. The idea was presented during the Annual Meeting in October 2001, at which the Forum decided to establish a pilot virtual exchange group to discuss the dispensing of non-prescription drugs and self-care. Dirk
Broeckx was appointed as moderator of the group to ensure that the members work according to the technical and practical rules defined by the Forum.

This is a new way of working in the Forum that facilitates the exchange of ideas, examples, models, templates, campaign materials, results, experiences, etc. This new way of working enables the group members to communicate informally on a broader range of subjects than those comprising the Forum’s official programme. The initiative has, however, not really attracted the attention of the members and will be tabled again for reconsideration at the 11th Annual Meeting.

**Project work**

A major area of the Forum programme is project work. A task force led by a task force manager runs each project. The task force comprises representatives of the member associations that are implementing or interested in the specific project.

**Ongoing projects**

The Forum has six projects currently in operation, all conducted by the national associations through community pharmacies. These projects seek to involve pharmacists in WHO efforts to improve patient care and chronic disease management, and support health promotion and well-being through lifestyle counselling services. The aim of the projects is to develop models of best pharmacy practices and tools for their implementation in order to improve pharmacist performance. The projects develop basic guidelines and model programmes that are intended for adaptation to specific conditions and local languages by the national pharmaceutical associations. An additional element in each project is the documentation of the impact of this pharmacist involvement.

**Process development**

Focus in the task forces has so far been on developing models of pharmacy-based services within disease management and health promotion, yet without enabling us to establish a structured documentation. The task force managers have therefore looked at different possibilities to improve the impact of the projects.

Among the concrete activities initiated is the establishment and test of the feedback system. The pilot study, which was carried out within the Asthma services project, provides us with a system that shows the process and gives us the possibility to monitor the process and results of the intervention in order to become better.

Based on the recommendations of the evaluation report, the task force managers and the Secretariat have reconsidered the status of the six current projects regarding availability of a model of best practice, shown to be feasible and effective. Besides they have analysed how the work is organized and structured to see which systematic model is recommendable within each task force and to identify what is still missing to achieve this model.
From the results of this analysis and evaluation of the project work, the Executive Committee has developed a strategy to improve the work of the task forces and thereby enable the Forum to demonstrate the impact of the work.

The strategy will be tabled at the 11th Annual Meeting for discussion and decision.

**Ask about your medicines (QaM)**

**Task force manager:** André Masy, Belgium

**Task force countries:** 17
Albania, Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Ireland, Italy, Latvia, Malta, Portugal, Slovenia, Spain, Sweden

**Project start:** 1993

The project is a campaign to encourage the public to seek information that will give them the maximum therapeutic benefit from their medicines. Pharmacy customers and patients are informed about the importance of gathering relevant information, and encouraged to ask general practitioners and pharmacists basic questions before starting treatment with medicine. The campaign is expected to have an indirect impact on health professionals, who will be faced with questions they will have to answer.

The project document, “Questions to ask about your medicines, campaign proposal” from 1993, is still in use. Various recommendations have been made. One is the development of a model for evaluating the project. Another is the development of a strategy to keep the projects running and enable the project participants to learn from one another and thereby improve the project outcome.

In spring 2000 a twinning programme was set up within the project with financial support from the Soros Foundation. This programme involved six countries: Croatia–Germany, Estonia–Finland, Latvia–Denmark, and a final report was presented to the Forum in October 2001.

The Forum recommended the twinning programme being continued and funds has been made available for the biennium 2002–2003 through a grant from WHO Regional Office for Europe. The funds will be used to establish one new twinning pair: Czech Republic – Ireland and to financially support the continuation of the activities within the existing twinning arrangements.

**Asthma Services**

**Task force manager:** Dick Tromp, Netherlands

**Task force countries:** 13
Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Ireland, Malta, Netherlands, Portugal, Turkey, United Kingdom

Hungary has since 2001 been involved in the pilot study of the feedback system.

**Project start:** 1996
The project is intended to support the pharmacist in dealing with asthma patients in everyday practice. The project document “Pharmacy-based asthma services, protocol and guidelines” from 1998 provides a systematic and structured approach to pharmacy-based asthma services within the framework of good pharmacy practice. It offers documentation on these services, their implementation strategies and their outcomes. The document is intended as a tool for implementing these services at national level by the Forum’s member associations.

A survey to map asthma activities in the project countries was made in 1999 prior to a Symposium on Asthma Services in European Pharmacies. The findings showed that most countries had established a network for the project but that progress was slow and cost–benefit analyses had not been made. The task force therefore decided to focus on improving the implementation of asthma services, and on collecting comparable data.

Since then the task force manager has been deeply involved in developing a data collection model that can be used within all Forum projects and the last one and a half year most work in the task force has been related to carry out a pilot study to establish and test the EuroPharm Forum Feedback System (EFS). The aim was to demonstrate the efforts and results of the task force on asthma services, and to monitor the process and results of the intervention.

The work with the pilot study including the completed progress reports has given the task force manager a tool to support the task force members. The task force will in the future try to focus more and more on tailoring to the individual needs and demands of the task force members.

**CINDI Hypertension management**

**Task force manager:** Suzete Costa, Portugal

**Task force countries:** 18
Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Latvia, Malta, Netherlands, Portugal, Slovenia, Spain, Sweden, Turkey, United Kingdom

**Project start:** 1996

The project is a pharmacy-based service that aims at optimal control of hypertension by actively involving pharmacists in the prevention, detection and management of hypertension. The project protocol and guidelines outline ways in which pharmacists can provide a hypertension management service at three different levels of intervention.

The project is a joint venture by EuroPharm Forum and the WHO programme on Countrywide Integrated Noncommunicable Disease Intervention (CINDI). The project takes a multidisciplinary approach in seeking to make health promotion and disease prevention more effective by encouraging cooperation between the many groups of health professionals involved.

In 2001 a pilot study to test the project model was initiated in six countries (Estonia, Latvia, Lithuania, Portugal, Slovenia and Spain) with WHO funds. To prepare for this, a baseline assessment was made for the six countries, the results discussed at the annual project workshop in 2000, and an implementation strategy agreed. In May 2001 a mid-term assessment of the pilot study was made. This showed promising results despite the fact that no real study design has
been made and no control group is being used. Close to 200 pharmacies are involved in the pilot study. The national coordinators of the pilot study report that about 80% of the pharmacies submit data. All pilot countries have set up national task forces, with various partners. The protocol and guidelines document has been widely translated, adjusted to local conditions, and distributed. Several training courses for pharmacists have been held.

The pilot study is still in progress in some of the countries. Evaluation has, however, been made by both the WHO CINDI Programme and EuroPharm Forum and their respective recommendations on how to follow-up on the joint project have been shared. A joint evaluation will be made in the autumn 2002.

Adjustments to the document “Pharmacy-based hypertension management model, protocol and guidelines, second draft for a feasibility study” from 2000 will be made in 2003, on the basis of the results of the pilot study.

Diabetes care

Task force manager: Maria Augusta Soares, Portugal

Task force countries: 12
Belgium, Croatia, Denmark, Finland, France, Germany, Ireland, Luxembourg, Malta, Portugal, Turkey, United Kingdom

Project start: 1993

The project aims at improving the quality of diabetes care by integrating the pharmacist in national diabetes programmes to prevent diabetes onset, to ensure early diagnosis, and to prevent or delay immediate and late complications from diabetes. The project is run through the PharmaDiaß programme as set out in a document that offers recommendations and concrete ideas on how pharmacists can implement the programme at national level.

The programme was developed in collaboration between EuroPharm Forum and the St Vincent Declaration (SVD) Action Programme. For several years the Forum’s task force manager has acted as Convenor of the SVD Working Group on Improving Diabetes Care – Role of the Pharmacist in the St Vincent Team.

In 2001 the PharmaDiaß programme was updated and revised to recommend that pharmacists take a step-by-step approach to diabetes prevention, early detection, and outcome-oriented patient counselling and education. The focus of the project has now turned to implementation and data collection. The updated programme document (informally called PharmaDiaß II) is entitled “Improved Quality in Diabetes Care – The Pharmacist in the St. Vincent Team: Protocol and Guidelines”.

Pharmacy-based diabetes care services are now running in the twelve task force countries, plus a further six countries, some of which use the PharmaDiaß programme. These are: Latvia, the Netherlands, Norway, Slovenia, Spain and the former Yugoslav Republic of Macedonia.
Pharmacists and HIV/AIDS

Task force manager: Florence Guillier Petit, France

Task force countries: 10
Denmark, Finland, France, Germany, Ireland, Netherlands, Norway, Portugal, Spain, Sweden.

Project start: 2000

The project compiles guidelines on priorities, strategies and action for the pharmacist in the fight against HIV/AIDS. The aim is to encourage prevention, safe sexual behaviour, risk reduction, improved treatment, and provision of pharmaceutical care in the community. A second aim is to improve patient follow-up by promoting collaboration between community and hospital pharmacists, and other health care providers.

The project is based on the efforts of the International Pharmaceutical Federation (FIP) and WHO in the Working Group on AIDS and Drug Addiction. For many years the working group has advocated and worked for pharmacist support for people with HIV.

Based on the Vancouver Declaration from 1997, “The role of the pharmacist in the fight against the HIV-AIDS pandemic”, a draft project model was developed in 2001. The draft model outlines ways in which pharmacists can develop practical strategies against HIV/AIDS, for instance as activities in the areas of cooperation, organization, pharmaceutical care, prevention and training. The draft model, with its priority actions, was circulated for comments and final discussion at a meeting of the task force and its partners in mid-2002.

During the same period the FIP/WHO working group on Pharmacists and HIV/AIDS has developed three draft modules on the role of the pharmacist in HIV/AIDS prevention for intravenous drug users; in safe and effective use of HIV/AIDS therapies; and in prevention and information on HIV/AIDS.

These draft modules are currently being commented and were presented at the FIP congress in Nice in September 2002.

The Executive Committee has therefore decided to put the Forum project on standby until the FIP/WHO working group on Pharmacists and HIV/AIDS has completed its work. By taking such a step the Executive Committee wishes to avoid that two international groups are working in parallel on the same topic. The continuation and further development of the Forum project will be discussed at the 11th Annual Meeting.

Smoking cessation

Task force manager: Eeva Teräsalmi, Finland

Task force countries: 14
Austria, Belgium, Croatia, Denmark, Finland, France, Germany, Ireland, Latvia, Malta, Portugal, Spain, Sweden, and United Kingdom

Project start: 1993
The project seeks to involve pharmacists in smoking cessation programmes in the communities they serve. From 1997 onwards, much information on the project has been disseminated in the form of articles in national pharmaceutical journals, lectures at conferences, educational meetings, and poster presentations.

In 1999 the publication “Pharmacists and action on tobacco” (Smoke-free Europe 12) detailed various types of smoking cessation activity that can be implemented at national level. It includes the Pharmacists’ Charter on Action against Smoking from 1996.

In 2002 a new cooperation began with the international Quit and Win contest. A question concerning pharmacists’ activities was added to the international evaluation form and national pharmaceutical organizations were encouraged by the task force manager to be active in their national Quit and Win organizations.

Survey: Pharmacists against smoking
As part of the cooperative project between the fora of the three health professions (doctors, nurses/midwives, pharmacists), a survey was carried out in 12 EU countries in 2001. The overall aim was to collect information about the attitudes of community pharmacists towards tobacco dependence and about their actual activities in this field. A second aim was to gather information about their smoking habits, in order to see whether these had an impact on their attitudes and activities. The European Commission granted financial support for the survey through the European Network for Smoking Prevention.

A research report on the survey was published in February 2002. The main findings showed that:
- community pharmacists smoke less than their respective populations;
- they are aware of the health risks of both active and passive smoking;
- they are positive towards cessation activities;
- they have enough understanding of tobacco dependence to begin cessation activity, although further training would be useful;
- pharmacists who did smoke were more negative towards non-smoking and less active in cessation activities.

WHO Regional Office for Europe issued a press release about the survey during the WHO European Ministerial Conference for Tobacco in March 2002 and many national pharmaceutical organizations published articles of the survey and the national results in the national journals. Furthermore, the task force manager presented the results of the survey during a satellite symposium at the FIP congress in Nice and at the World Congress of Tobacco Counters Health in New Delhi, India in September 2002.

The survey results coupled with ongoing research indicate new ways of running the project in coming years. The situation re non-smoking work in pharmacies is favourable, as almost all smokers at some level can be informed about the health hazards of smoking. In addition the OTC-status of NRT gives the possibility for pharmacists to provide information about replacement therapy and support to people wishing to quit. The smoking cessation task force will continue to run the project and measure the effect of the pharmacist contribution in this field.
Activities

Communication Plan

To ensure commitment to the projects, and to facilitate and support a broader implementation of the activities, the Forum decided in 2000 to implement the communication plan, enabling the Forum to communicate in a more structured way, both within the Forum and with the outside world.

The Secretariat started working according to the plan in 2001 with focus on standardizing the procedures around internal and external communication and information to ensure consistency. Besides, all enquiries that are received in the Secretariat are registered and provide an overview of the sort and the amount of the queries.

Twinning

The twinning model facilitates collaboration across borders. It is a direct personal working relationship between two partners sharing common goals and involved in similar activities. The purpose is to exchange ideas and experiences and to collaborate on common tasks, such as policy development or specific projects. Specifically, the aim of the Forum’s twinning programme is to strengthen the technical profiles of the pharmaceutical associations in the countries of central and eastern Europe, enabling them to work together towards continued professional development and improved health.

The programme was started in 2000 with three twinning arrangements within only one project in order to develop the method. The project is the patient education campaign “Ask about your medicines”, and the first three pairs of twins were Croatia–Germany, Estonia–Finland, and Latvia–Denmark. Each twinning pair was responsible for its own programme and worked independently of other pairs, although the programmes were ultimately coordinated by the EuroPharm Forum Secretariat.

The projects developed in slightly different ways, although based on the same principles and process. They all began by defining the roles of the twinning partners, after which a project proposal was developed and a task force or working group established.

The twinning programmes demonstrated that the patients are in need to know more about the medicines they take, particularly regarding potential side effects and contraindications. Most of the patients welcomed the opportunity of getting more extensive advice and of discussing their health problems with pharmacists.

The programmes also showed that the cooperation between health professionals was improved and that the links between the involved associations were further strengthened.

Although the working conditions were different in each country, the twinning partners were all in agreement that the project reached its goal. They all found that the patient education campaign is a feasible project for twinning arrangements.

Final reports were presented to the General Assembly during the 10th Annual Meeting and the Forum recommended expanding the twinning project by involving more associations and countries.
Funds have been made available for the biennium 2002–2003 through a grant from WHO Regional Office for Europe and will be used to establish one new twinning pair: Czech Republic – Ireland. Besides, a small grant is available for the existing twinning pairs to continue and expand their activities.

**Conferences and training**

The Forum has organized several international conferences and public symposia on issues of policy, ethics and practice and the pharmacist role in health promotion and disease management. In addition training seminars on various aspects of the implementation and management of pharmacy-based services have been arranged.

The most recent symposium *Professionalism & Ethics* was held in October 2001. The overall aim was to open a debate around the social and ethical role of the pharmacist and in particular how to balance it with the economical and competitive aspects of the profession.

The discussions and presentations showed, that there is a positive attitude among pharmacists towards necessary changes and a call for unity and confidence in themselves, which would be essential for reaching the goals they aim at. The general agreement of the colleagues present at the Symposium was, that their aim first of all should be to improve pharmaceutical service – and therewith the patients’ wellbeing – and not to increase the income of the pharmacists. This idea should be kept in mind when approaching the governments for support, so that they do not get a wrong impression of the pharmacist profession.

The next symposium *Health as a human right – the WHO response* takes place as part of the Forum’s annual meeting in October 2002. It will cover future aspects of pharmacy practice in the light of WHO, highlighting how countries can implement WHO policies and how pharmacists can make a difference to the public/patient, with specific focus on mental health, active ageing and rational use of medicines.

The morning session is focused on how health policy and health systems can have an impact on the current threats to health. Two keynotes will address how threats such as poverty, equity, solidarity, and lifestyles are analysed and incorporated in the WHO activities. The keynote speakers will be challenged by two reactions on how pharmacists can respond effectively to this.

The afternoon session will be focused on pharmacy practice in the light of the WHO policies and three speakers will present ideas on how countries can actualise WHO policies in concrete situations within the priority agenda items mental health, active ageing and rational use of medicines. In focus will be the involvement of pharmacists and if their contribution can make a difference to the public/patient. Mr Dirk Broeckx will chair the Symposium.

**Networking**

In order to share experiences and information, collaboration and links have been established between the Forum and relevant partners, such as specific WHO programmes and international networks. A closer and more intensive collaboration between the Forum and its observers is achieved through meetings at which mutual briefing on recent activities is offered and plans for future events are coordinated.
Mobilizing health professionals for joint actions

To strengthen the cooperation between medical doctors, nurses and pharmacists a workshop will be organized in May 2003 to develop a framework and tools for joint actions and recommendations on specific activities.

Annual meetings

The members of the Forum meet once a year to assess the work of the past year, plan future activities and decide issues of policy.

10th Annual Meeting

The 10th Annual Meeting took place in Dubrovnik, Croatia, on 11–14 October 2001. Seventy-four participants from 25 countries participated in the meeting, which consisted of a business and professional session, including reports of activities during the past year, together with proposals for future activities and a poster exhibition. The meeting was linked to the Symposium on Professionalism & Ethics.

During the business part of the meeting, applications for membership from pharmaceutical associations in Poland and Estonia were approved. The Forum approved the revised PharmaDiaβ Protocol and Guidelines and decided to start a pilot Virtual Exchange Group with the topic “Dispensing of non-prescription drug and self-care”. Besides, the Forum recommended continuing and expanding the twinning programme to facilitate the implementation of the patient education campaign “Ask about your medicines”.

The professional part consisted of 6 project workshops and a symposium on professionalism & ethics.

11th Annual meeting

The 11th Annual Meeting of the EuroPharm Forum will be held on 3–5 October 2002. The programme will include a public symposium on future aspects of pharmacy practice in the light of WHO policies.

During the business part of the meeting, elections will be held for new officers of the Executive Committee. The President, Maja Jaksevac-Miksa, will end her term of office and cannot be re-elected. The other officers and members are eligible for re-election for a further period of two years, should they wish to stand.

The Executive Committee

The present Executive Committee comprises:

Vice-President – Ms Eeva Teräsalmi, Finland (Vice-President 2000 – 2002)
Member – Mr Herbert Cabana, Austria (Member 2000 – 2002)
Member – Ms Suzete Costa, Portugal (Member 1998 – 2002)
Member – Mr Henri Lepage, France (Member 2000 – 2002)
Member – Mr Marco Nocentini, Italy (Member 2000 – 2002)

Meetings
The Executive Committee meets normally four times a year to keep the Forum on track in effecting the decisions of the annual meeting. The WHO/Europe representative attends these meetings as an observer.

Three meetings have been held in 2002 – in January, May and July. All meetings took place at the World Health Organization, Regional Office for Europe in Copenhagen. A 4th meeting will be held on 3 October prior to the 11th Annual Meeting.

The six task force managers of EuroPharm Forum were invited to join the meetings to report on the status and progress of the projects and in this connection, separate task force managers meetings were held in January and July.

Secretariat
The Secretariat is responsible for the day-to-day administration of the Forum programme. It is staffed by a manager (responsible for the programme, in particular the scientific and policy content), assisted by a secretary (on the administrative side).

Members and Observers

Membership
Applications for membership from pharmaceutical associations in Estonia and Poland were approved in 2001. Unfortunately the Pharmaceutical Association of Israel has resigned as member as per 2002, but hopes to be able to renew their membership in near future.

Today the Forum members comprise 45 professional associations of pharmacists from 34 countries in the WHO European Region. Each member association appoints a contact person as its representative to coordinate contact and collaboration with the Forum through the Secretariat.

Recruitment of new members
The overall aim for the Forum is to comprise professional associations of pharmacists from all countries in the WHO European Region. The Secretariat has therefore started to establish links to pharmacists in those WHO Member States not yet members of the Forum. Andorra, Monaco and San Marino have been approached directly and the CEE/NIS countries not yet members are approached through the WHO liaison officers.

Membership fees
The current fee structure took effect in 1999, and is in general based on the number of pharmacists. The fee of category D, however, has been fixed at US $600 without regarding the
number of pharmacists in the countries and is thus an exception to the general classification of countries with respect to membership fees.

The Executive Committee regularly reviews the status of the membership fee payments. In general, sound reasons for non-payment are required in writing, on the basis of which the Executive Committee will assess whether it is acceptable for a country not to pay and still remain a member.

In the light of the fast developing economical situation in the countries of central and eastern Europe, the Executive Committee has investigated the possibilities of adjusting the fees of the countries in category D to their current economical situation. On a long-term basis the aim is to eliminate category D and include the current D-group members in the category to which they belong.

The idea of adjusting the category D fees was introduced to the Forum at the 10th Annual Meeting. The Forum agreed that some changes were needed and recommended to investigate the possibility of restructuring the fee system for all categories according to the FIP system.

At the 11th Annual Meeting a proposal of a 5% increase of the membership fee of category A, B and C will be tabled for approval. Additionally the Executive Committee recommends adjusting the fees within category D by increasing the membership fee per country to US $1000. The minimum fee per association stays in effect and should still be US $600. Support to those countries who cannot manage the fee should be continued in line with current practice to see how it works out. The proposals should take effect from 1 January 2003.

Furthermore the Executive Committee has established a working group to prepare recommendations on a complete change of the fee structure for approval at the annual meeting in 2003 and to take effect from 1 January 2004.

**Observers**

Observers include other international pharmaceutical organizations, national pharmaceutical associations not eligible for membership, and WHO representatives.

The Executive Committee has started to arrange meetings with observer organizations to brief each other on latest activities and future plans, as well as to co-ordinate future activities to avoid overlapping events.

Member and observer organizations are listed in Annex 1.

**Public relations**

The Forum produces various documents, many of which now are available electronically on the Forum Web site: [www.euro.who.int/europharm](http://www.euro.who.int/europharm).
The Newsletter

The EuroPharm Forum newsletter appears twice a year. It reports on activities carried out by, or in association with, the Forum. The newsletter was started in 1992 and has thus rounded its first decade.

The last issue was published in December 2001 and sent to Members, Observers and subscribers representing a variety of individual health professionals, as well as public and private organizations.

The Newsflash

The Newsflash was introduced to members in January 2000 and since then issued electronically on a monthly basis. It gives information in a short concise format about news, facts, activities, relevant websites etc. In order to comply with a growing number of requests, the distribution was extended in 2001 to non-members.

Articles and posters

Articles on the Forum have been published in national pharmaceutical journals in Europe, in particular articles about the results of the survey Pharmacists against smoking.

Posters on the Forum activities in general, as well as on the projects have been made and displayed at various international events.

Web site www.euro.who.int/europharm

The EuroPharm Forum Web site has been available since 1998. In March 2002 it was redesigned, updated and re-launched, as part of an overall re-launch of the WHO Web site.

Among many new features, it offers links to the members and observers of the Forum and the project protocols can be downloaded from the site. Lastly, this initiative has increased the visibility of the Forum and still more queries are received in the Secretariat from interested partners and individuals.

External representation and lectures

Executive Committee members, the manager and/or task force managers have represented EuroPharm Forum at many international events, during several of which a lecture has been given or a poster presented.

In addition, several information meetings on the Forum and its activities have taken place.

Future

The Forum activities have until now been focused on practical projects designed to involve pharmacists in improving health and patient care according to priorities set by WHO and to document the benefits of such involvement. Developing models of pharmacy-based services within disease management and health promotion have done this, but the success of the initiatives depends entirely on how individual members react to the opportunities offered; and to the possibilities of keeping their members motivated and interested in implementing the pharmacy-based services. Although considerable progress has been made, the models are not yet
broadly implemented and we have not been able to establish a structured documentation within the Forum.

The pilot study to test the feedback system now provides us with a system showing the process and giving us the possibility to monitor the quality of the intervention of the Forum.

Based on the evaluation report listing three options, together with conclusions and recommendations, the Executive Committee took the opportunity to ask the basic question: are we doing the right things in the right way? To see which lessons might be learned, and how the results could be used to strengthen and further develop the Forum.

The task force managers and the Secretariat did the first analysis of the current project work and based on that the Executive Committee developed a strategy to evaluate and improve the work of the task forces and thereby enable the Forum to demonstrate the impact of the work. The Committee has tried to find the balance between what they would like to do from a professional point of view and what they thought would be feasible from a political point of view with respect to availability of time and money and in order to enable the Forum to develop new projects.

The strategy comprises recommendations for the Forum to discuss and decide upon during the 11th Annual Meeting and the Executive Committee looks forward to a fruitful and constructive discussion on how to work in the coming years.

The Executive Committee recommends:

1. To continue with the projects on Asthma services, Diabetes care and Hypertension management in a more intense way, letting the task forces function as project teams (model C). Commitment from both the Forum and the members to allocate resources to make it happen is needed.

2. To run the two projects Ask about your medicines and Smoking cessation in another way by using the Forum as a network for sharing experiences and knowledge, possibly through twinning arrangements.

3. To re-orient the Pharmacists and HIV/AIDS project according to the FIP recommendations.
## Members and Observers

### Member countries

<table>
<thead>
<tr>
<th>Albania</th>
<th>Luxembourg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Macedonia (The Former Yugoslav Republic of)</td>
</tr>
<tr>
<td>Belgium</td>
<td>Malta</td>
</tr>
<tr>
<td>Croatia</td>
<td>Moldova (Republic of)</td>
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<td>Czech Republic</td>
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<td>Denmark</td>
<td>Norway</td>
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<td>Estonia</td>
<td>Poland</td>
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<tr>
<td>Finland</td>
<td>Portugal</td>
</tr>
<tr>
<td>France</td>
<td>Romania</td>
</tr>
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<td>Georgia</td>
<td>Russian Federation</td>
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<td>Slovakia</td>
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<td>Ireland</td>
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<tr>
<td>Latvia</td>
<td>Turkey</td>
</tr>
<tr>
<td>Lithuania</td>
<td>United Kingdom</td>
</tr>
</tbody>
</table>

### Observer organizations

- Apoteket AB
- European Association of Faculties of Pharmacy (EAFP)
- European Association of Hospital Pharmacists (EAHP)
- European Forum of Medical Associations and WHO (EFMA)
- European Forum of Nursing and Midwifery Associations and WHO (EFNMA)
- European Industrial Pharmacist Group (EIPG)
- European Pharmaceutical Students’ Association (EPSA)
- European Society of Clinical Pharmacy (ESCP)
- International Pharmaceutical Federation (FIP)
- Pharmaceutical Care Network Europe (PCNE)
- Pharmaceutical Forum of the Americas
- Pharmaceutical Group of the European Union (PGEU)
### Annex 3

#### Profit and Loss 2001

**Profit & Loss 2001**

Financial statements for EuroPharm Forum and WHO accounts for the year 2001, showing income, expenses, and profit or loss. The tables detail revenue sources and expenditure categories, with a focus on contributions and administrative costs.
Notes to Profit and Loss 2001

Note 1
In total we received US $21,497 for the biennium 2000–2001, which is US $3,500 less than expected.

Note 2
Transfer to WHO is for administrative purposes, as all Secretariat expenses have to be paid through WHO.

Note 3
Please see overview. The figures in this comparison do not reflect payments already made in 2000, or payments made for 2002. So far, US $5,250 has been received against the membership fees for 2002.

Note 4
This figure includes US $10,000 given by the members for the feedback system and €40,237 from the EU Commission for the survey “Pharmacists against Smoking”. The remainder reflects internal bank transfers and is not true income.

Note 5

Note 6
This figure includes US $2,020 for travel and the remaining amount covers the final disbursements for the twinning contracts.

Note 7
Includes expenses re EU-Survey, and US $42,700 reflecting internal bank transfers.

Note 8
Feedback system US $8,000, and the remainder EU-Survey paid directly from EFPA accounts (respective income under “other income”).

Note 9
WHO now pre-allocates, or earmarks, one year’s salaries plus 20%, to guard against currency movements. Our account is credited with any balance due at the end of the year in the next year’s accounts.

Note re WHO account:
This year, for the first time, we have been able to have access to the WHO biennium figures, resulting in some adjustments in the Profit and Loss 2000. Our recommendation is to consolidate all the external accounts that the Forum operates and combine them into one WHO-operated account.
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<thead>
<tr>
<th></th>
<th>US$ account</th>
<th>DKK account</th>
<th>EUR account</th>
<th>WHO account</th>
<th>Cash</th>
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<tbody>
<tr>
<td></td>
<td>USD</td>
<td>DKK</td>
<td>EUR</td>
<td>USD</td>
<td>USD</td>
</tr>
<tr>
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<td>-292</td>
<td>0</td>
<td>52,716</td>
<td>272</td>
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<td>01-01-2001</td>
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<td></td>
<td>as at 01-Jan-01</td>
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<td>Bank balance as at</td>
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<td>average 40,837</td>
<td>0</td>
<td>average 53,139</td>
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<tr>
<td>31-dec-01</td>
<td></td>
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<td></td>
<td></td>
<td>as at 01-Jan-01</td>
</tr>
<tr>
<td><strong>US$</strong></td>
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<td>-$36</td>
<td>$0</td>
<td>$52,716</td>
<td>$21,772</td>
</tr>
<tr>
<td><strong>as at 01-Jan-01</strong></td>
<td><strong>as at 01-Jan-01</strong></td>
<td><strong>average</strong></td>
<td><strong>average</strong></td>
<td><strong>average</strong></td>
<td><strong>average</strong></td>
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<tr>
<td><strong>Average</strong></td>
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<td><strong>average</strong></td>
<td><strong>average</strong></td>
<td><strong>average</strong></td>
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<tr>
<td><strong>Total balance as</strong></td>
<td><strong>US$ 36,399</strong></td>
<td><strong>US$ -36</strong></td>
<td><strong>US$ 0</strong></td>
<td><strong>US$ 52,716</strong></td>
<td><strong>US$ 21,772</strong></td>
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<tr>
<td>at:</td>
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<td><strong>01-Jan-01</strong></td>
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<td><strong>31-dec-01</strong></td>
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<td><strong>$89,386</strong></td>
<td><strong>$88,348</strong></td>
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Annex 4

AUDIT REPORT

TO THE MEMBERS OF THE EUROPHARM FORUM

ACCOUNTS FOR THE YEAR ENDING 31ST DECEMBER 2001

I have examined the Profit and Loss Account and Bank position for the EuroPharm Forum and the books and records of the Secretariat. I have also relied on information provided by the finance department of WHO to agree the WHO account position. In my opinion the Profit and Loss Account and the Bank Status Report reflect an accurate record of the transactions for the year ended 31st December 2001 and of the closing position as at 31st December 2001.

In summary the results for the year ended 31st December 2001 are as follows:

**Profit and Loss Account:**

- Total Income: US $251,623
- Total Expenditure: US $251,928
- Loss for the year: US $305

**Bank Position:**

- DKr Account: DKr 40,837
- US $ Account: US $8372
- WHO Account: US $53,139
- Euro Account: € 26,854
- Cash: DKr 252

The Loss of US $305, for the year, reflects a reasonable financial year for 2001, taking into account the WHO US $ transactions.

Wally Dove
Honorary Auditor
Annex 5

QIPC® EXECUTIVE SUMMARY OF THE FINAL EVALUATION REPORT OF THE PILOT STUDY: EUROPHARM FORUM FEEDBACK SYSTEM

W.O. de Boer, M. Smit, Th.F.J. Tromp

The main object of EuroPharm Forum is to assist WHO in implementing the HEALTH21 policy framework and to document the benefits of the involvement of pharmacists in improving patient care. EuroPharm Forum is doing this by developing and implementing practical projects but they have not yet been able to establish a structured documentation within the Forum. Therefore the Forum decided to start a feedback system. In July 2001 the EuroPharm Forum’s Feedback System (EFS) was launched in 13 countries within the task force asthma services to establish and test a feedback system on activities on the national level.

The aim was twofold, first, to demonstrate the efforts and results of the task force asthma services and, second, to monitor the process and results of the intervention in order to become better. The feedback system should provide the task force manager with information to enhance his role in the exchange of information and experiences between countries.

Questionnaires with general questions about the situation of the task force member, the activities of local pharmacists, the extensiveness of the national asthma network and the top 3 priority activities on asthma services for 2002 were sent to the task force members.

A model for permanent activity reporting was tested. This model consists of 4 activity areas: enabling activities, promoting activities, willing activities (convincing to join, motivation) and doing activities (coaching, coordination).

Conclusions:

- Due to the development of the feedback system some countries realised that it is necessary to appoint people who are at the same time responsible for executing the national programme. This will most certainly stimulate future activities of the task force in those countries.
- Task force members don’t focus on a limited number of activities within a project. From management theory one can learn that it is wise to divide extensive programmes in smaller more comprehensible pieces. By doing so, it becomes easier to keep overview and control over the situation.
- Most activities of the task force members are found in the enabling and doing stage. Activities classified in the promoting and willing stage are very rare. These stages should get more attention. Promotion and motivation should not be forgotten.
- The use of the feedback system is a good way for the task force manager to get an overview of what is happening in the different countries. It also helps to get a better understanding about the management style of and the person behind the task force members and their specific situation or problems. This information is crucial for the personal coaching and motivation by a project manager.
Mutual learning between member countries can only be fully implemented if the task force member knows what the needs are of the other task force members.

The completed feedback forms give a good picture about the activities of pharmacists and/or their organizations in this specific area (asthma). When all task forces would report their activities in a comparable way then this set of reports would enable the Executive Committee to demonstrate the role of the Forum in supporting the priorities set by the WHO HEALTH21 policies.

Recommendations:

The task forces can function in different ways to offer support to the task force members. Three models will be explained here. It is important that the executive committee and the members of EuroPharm Forum are aware of these models and deliberately make a choice for one of these models.

[I] A task force can provide centrally developed information, models, blueprints, protocols and guidelines to the members. This type of support is based on a top-down approach. One can name this a supply driven model. The advantage is the possibility to share the outcomes when implemented in the same way in every participating country. The disadvantage is that local knowledge and experiences are not shared on a structural base. The risk of this approach is that when the differences between the situations in the countries are too big, the materials are not used in the same way or are not used at all. In this situation there are no advantages and all that is left are the disadvantages.

[II] The advantage to act as a network is the strong use of the local knowledge and the dissemination of that knowledge within the task force. The biggest disadvantage is the lack of coordination between the countries caused by the absence of steering activities by the taskforce manager. It will also never be possible to draw conclusions on EuroPharm efforts.

[III] The approach where the task force manager acts as a project manager and supports with the implementation, motivates, gives feedback, etc is a mix of the first two approaches. To some degree there is central coordination and goal setting but there is also a strong force for bottom up information and knowledge sharing. The task force first collects all available tools and then acts like a supplier of a toolbox. If necessary one or more members of the task force will be asked to develop new tools. The development of task force products would be demand driven.

Based on the responses during the EFS pilot and on our own experience we recommend approach [III], the demand driven model. This model will probably yield the most. Of course this model will demand more resources then approach [II], but we strongly believe that some steering is necessary in order to book results faster. The answers on the questionnaires indicate that the members don’t use the centrally developed materials very extensively. Therefore we don’t recommend approach [I].
STRATEGY TO IMPROVE THE WORK OF THE FORUM TASK FORCES

The Forum decided at the 9th Annual Meeting in October 2000 to establish and test a mechanism to ensure that produced data is collected and comparable.

Through generous contributions from some of the member associations, the needed funds were established to develop and test a feedback system. The Quality Institute for Pharmaceutical Care (QIPC) did the elaboration in cooperation with the taskforce managers and a pilot study was carried out in the period from July 2001 – July 2002 within the Asthma services project and managed by the taskforce manager of this project, Dick Tromp.

Evaluation of the pilot study and follow-up

The study has now been evaluated and QIPC has delivered the final evaluation report for consideration.

The study provides us with a system showing the process and giving us the possibility to monitor the quality of the intervention of the Forum. Besides the actual results, the evaluation report includes recommendations that are applicable to all the task forces. These recommendations comprise three different options/approaches with different systematic backgrounds: we can choose to continue with providing model programmes; use the task force as a network for information; or let the task force function as a real project team.

The QIPC report lists the three options together with advances, consequences and conclusions, all seen from a technical point of view. Based on this report the Executive Committee has analysed the project work together with the task force managers and elaborated a strategy to evaluate and improve the work of the task forces and thereby enable the Forum to demonstrate the impact of the work.

The Executive Committee has tried to find a balance between what is desirable from a professional point of view and what is politically feasible with respect to availability of time and money and in order to enable the Forum to develop new projects.

The strategy comprises the following recommendations for the Forum to discuss and decide upon.

Recommendations

The Executive Committee recommends:

- To continue with the projects on Asthma services, Diabetes care and Hypertension management in a more intense way, letting the task forces function as project teams (model C). Commitment from both the Forum and the members to allocate resources to make it happen is needed.
• To run the two projects Ask about your medicines and Smoking cessation in another way by using the Forum as a network for sharing experiences and knowledge, possibly through twinning arrangements.

• To put the Pharmacists and HIV/AIDS project on standby.

**Background**

*About choice of projects for continuation*

One of the objectives of the Forum is to develop models of best practice and test their feasibility and effectiveness.

When the effectiveness of the model has been demonstrated and we have evidence of the results, the project can be transferred to another phase with less involvement from the Forum.

In such cases the Executive Committee recommends continuing the activity at national level, possibly through twinning arrangements. Besides the model itself, the Forum can provide a network, a list of experts and/or experienced countries, and a model for establishing a twinning arrangement. The Forum can always, at any time, decide that a new assessment is needed and should be carried out.

The six Forum projects are at various stages of development, as well as at various levels of activities. Two of the model programmes have shown to be efficient and the projects can be transferred to another phase, as described, i.e. the patient education campaign *Ask about your medicines* and the model programme *Pharmacists and actions on tobacco*.

The project *Pharmacists and HIV/AIDS* was started in 2000 and based on the efforts of the FIP-WHO Working Group on AIDS and Drug Addiction. This Working Group has elaborated three draft modules, currently being reviewed. To avoid that two international groups are working in parallel on the same topic, the Executive Committee recommends putting the Forum project on hold.

The remaining three project protocols have not yet shown their efficiency and the Executive Committee recommends to continuing these projects and making an extra effort to speed up the implementation and thus the process of demonstrating the impact of the pharmacists’ intervention.
About use of resources

Table 1 shows the estimate use of resources for each model in order to compare the models.

A: the supply driven model  B: the network model  C: the demand driven model

<table>
<thead>
<tr>
<th>Model A</th>
<th>Use of resources</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forum</td>
<td>Secretariat/task force managers</td>
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<tr>
<td>Phase 1 (Start phase)</td>
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<tr>
<td>Phase 2 (Middle phase, Workshops)</td>
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<td>High</td>
</tr>
<tr>
<td>Phase 3 (End phase, Evaluation)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model B</th>
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<th>Members</th>
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</thead>
<tbody>
<tr>
<td>Forum</td>
<td>Secretariat/task force managers</td>
<td>Members</td>
</tr>
<tr>
<td>Phase 1</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Medium (Only organization and participation)</td>
<td>High</td>
</tr>
<tr>
<td>Phase 3</td>
<td>No (No measurement tool, no evaluation)</td>
<td>Low, or no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model C</th>
<th>Use of resources</th>
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</thead>
<tbody>
<tr>
<td>Phase 1</td>
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<tr>
<td>Phase 2</td>
<td>High</td>
</tr>
<tr>
<td>Phase 3</td>
<td>High</td>
</tr>
</tbody>
</table>

As you will see, there is some difference in use of resources/costing and a little bit in phasing between the different models. The chosen model C includes project management at the Forum level and the Forum’s use of resources is therefore high in all phases.

Re the use of resources by members, we have only looked at the consequences in respect to what should be added to link the current country activities to a Forum project.

The use of resources by refitting the three projects into model C

The Asthma services and CINDI Hypertension management projects will change quite a lot to fit the demand driven model incl. evaluation and changing of material.

Estimated use of resources by the Forum: 8 hours a week

The Diabetes care project will change by adding project management incl. management tools and feedback tools, but not through a total refit.

Estimated use of resources by the Forum: 4 hours a week

The estimated use of resources in total for refitting the three projects into model C is 20 hours a week.

30 August 2002
Ida Gustafsen
Annex 7

NOMINATIONS FOR THE ELECTIONS OF OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE

The President, Maja Jakševac-Mikša (Croatia), ended her term of office in 2002, and cannot be re-elected.

The following other officers and members were eligible for re-election for a further period of two years:

- Eeva Teräsalmi, Finland (Vice-President 2000 – 2002)
- Herbert Cabana, Austria (Member 2000 – 2002)
- Henri Lepage, France (Member 2000 – 2002)
- Marco Nocentini, Italy (Member 2000 – 2002)

Nominations received:

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<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Nominated as</th>
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</thead>
<tbody>
<tr>
<td>Ms Eeva Teräsalmi</td>
<td>Finland</td>
<td>President</td>
</tr>
<tr>
<td>Dr Herbert Cabana</td>
<td>Austria</td>
<td>Vice-President</td>
</tr>
<tr>
<td>Ms Sandra Berzina</td>
<td>Latvia</td>
<td>Vice-President</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(by Lithuanian Pharmaceutical Association)</td>
</tr>
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<td></td>
<td>and, as Member</td>
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<tr>
<td></td>
<td></td>
<td>(by Croatian Pharmaceutical Society)</td>
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<tr>
<td>Mr Dirk Broeckx</td>
<td>Belgium</td>
<td>Treasurer</td>
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<tr>
<td>Ms Suzete Costa</td>
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<td>Member</td>
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<tr>
<td>Mr Henri Lepage</td>
<td>France</td>
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<tr>
<td>Mr Johannes M. Metzger</td>
<td>Germany</td>
<td>Member</td>
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<tr>
<td>Dr Sándor Szabó</td>
<td>Hungary</td>
<td>Member</td>
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Annex 8

WORKSHOP REPORT: ASK ABOUT YOUR MEDICINES (QaM)

André Masy, Task force manager

Participants:

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<thead>
<tr>
<th>Albania</th>
<th>Hungary</th>
</tr>
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<tbody>
<tr>
<td>Skender Durresi</td>
<td>Karoly Zalai</td>
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<tr>
<td>Maja Jakševak-Mikša, Croatia</td>
<td>Inguss Bjornsdottir, Iceland</td>
</tr>
<tr>
<td>Marie Zajicova, The Czech Republic</td>
<td>Sandra Berzina, Latvia</td>
</tr>
<tr>
<td>Lucie Driova, The Czech Republic</td>
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<td>Johannes Metzger, Germany</td>
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Issues raised and discussed:

Changing strategy to run QaM by using the network to share experiences and knowledge:

Four systems were exposed to make these changes applicable in practice: twinning, seminar, website, e-mails to all TF Members.

- Twinning is the most effective way of implementation due to a mutual administrative and financial support by the EuroPharm/WHO funding.

- If we plan a seminar, it should be a more practical seminar (like in 1998 in Hillerød), showing examples from campaigns ran in the past few years.

- WebPages where we can find a brief description of the campaign examples and the material available could be ideal in this respect. Therefore, all TF Members should fill out standard questionnaires with the same information request for each project. This can create a database of projects for Member States who try to start or plan to start a QaM campaign.

- The e-mail system whereby each new demand would go to all TF Members has been rejected. Too big a workload to answer all the requests would be the result of it; it can be used, though, on a one to one basis when a campaign style has been chosen from the database.

Many projects exist in the Member States, linked to public relations and image campaigns; they mostly include issues of good medicinal use.
Protocol and guidelines:

- The three levels will be checked by the individual members with regard to their feasibility.
- The evaluation part is added and will be checked, by changing the true indicators outcome to a simplified version of intermediate outcome. This is based on the EuroPharm evaluation strategy for all projects.
- The evaluation system is being totally changed by university experts based on new indicators (key and process indicators).

Twinning:

The three existing twinning projects will be re-launched in the course of this year with the created material.

The new twinning project between Ireland and the Czech Republic made a good impression on the other TF Members. They raised a lot of questions on the pre and post evaluation studies regarding the changes of pharmacists.

We plan to programme one new twinning project every year if we get the same amount of funding every year.

Conclusions and plans for the future:

Install the new twinning pair Czech Republic – Ireland.

Run the project Ask about your Medicines fully and differently using the forum as a network to share experiences and knowledge through arrangements such as twinning (a recommendation of the ExCom). Finalize the draft protocol and guidelines.
WORKSHOP REPORT: ASTHMA SERVICES

Dick Tromp, Task force manager (assisted by Maaikje Smit and Willem de Boer)

Participants:
Anne Hirvonen, Finland
Wally Dove, United Kingdom
Astrid Kågedal, Sweden
Susanne Hof, Germany
Herbert Cabana, Austria
Sirpa Peura, Finland
Antal Samu, Hungary
Serif Boyaci, Turkey

Maria Augusta Soares, Portugal
Lotte Fonnesbæk, Denmark
Zeyrep Ece Bilge, EPSA
Majken Juul Jensen, Denmark
Marleen Haems, Belgium
Hanne Herborg, Denmark
Suzete Costa, Portugal

During the workshop 3 main subjects were discussed:

- Reporting when running “programmes” and no “projects”
- Elements needed to implement a project
- To focus or not to focus: 2 strategies to start a project

Reporting when running “programmes” and no “projects”

Different situations exist in countries. In some countries the task force member is the national project manager who runs projects. In other countries actual projects are finished and asthma services are run continuously as programmes; the task force member acts as a reporter. During the discussion in the general assembly we saw that the countries that run programmes, had difficulties to report using the progress report with the 4 stages: enabling stage, promoting stage, willing stage and doing stage. The countries that had problems to report this way offered to help the task force manager to develop a new feedback model to report activities in countries that run programmes.

What do we want in the task force? In the task force we want something to happen on asthma services in the pharmacies of the participating countries. The task force manager wants to provide tools to the task force members. The goal of the asthma binder of EuroPharm Forum was to offer help to implement asthma services in the participating countries. The Forum is not a research centre, but the task force manager needs some input from the task force members to demonstrate the value of the task force. The task force needs a minimum data set. We also have to look for a way to collect data in countries that run programmes. The feedback model should especially focus on activities that the WHO focuses on. These are the indicators Excom needs to demonstrate WHO their added value.

Elements needed to implement a project

During the workshop we asked the participants to focus on one aspect of asthma services (technical instruction) and we asked them to write down activities they would perform to implement this activity in their country. Mainly activities were mentioned that belong to the enabling and doing stage and only a couple activities that belong to the promoting and willing stage were mentioned (see table).

Participants recognized that more attention should be paid to these last two stages.
Activities that were mentioned:

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<th>“Area’s”</th>
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<th>Willing stage</th>
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To focus or not to focus…: 2 strategies to start a project

Several strategies can be followed when implementing a project. The choice can be to start with a large scope of programme, focused on a lot of activities, that is first carried out within a small number of pharmacies as a pilot project. After implementing, this group of pharmacies can act as best practice pharmacies and more pharmacies can follow later. See figure “scope programme vs. # pharmacies” top black line.

It is also possible to focus on a project with a small amount of activities that will be implemented in a large group of pharmacies. The amount of activities can be increased later. See figure “scope programme vs. # pharmacies” bottom black line.

We asked the participants to defend one of the strategies.

Issues small scope – large group:
- Not a lot to do
- Easier
- Tools are easy
- More control
- Easier if you have never done anything before
- Not threatening
- Education easier
Issues large scope – small group:

- Choose pharmacies
- Develop lot of expertise
- Education resources on high level
- Use those pharmacies as educators for other pharmacies / best practice
- Stronger interventions, promote to healthcare
- Also more threatening to GP, so start with smaller groups

The participants mentioned that the choice of strategy depends on the project and activities. Another aspects that could be important, is the question: How to convince the government?

It could be an option to combine both strategies. Small group – large scope as best practice example to convince / motivate the participating pharmacists in the small scope – large group.
Annex 10

WORKSHOP REPORT: SMOKING CESSATION

Eeva Teräsalmi, Task force manager

Participants:
Helle Jacobsgaard, Denmark
Satu Siiskonen, FIP
Sigridur Palina Arnardottir, Iceland
Sofia Kälvemark, Sweden
Nigel Graham, United Kingdom
Josette Dubray, France
Martine Chauve, France

Annelise Christiansen, Denmark
Flora Giorgio, PGEU
Loek Arts, The Netherlands
Andrea Giacomelli, Italy
Reijo Kärkkäinen, Finland
Ivana Silva, Portugal

Mr Claude Vilain from WHO Regional Office for Europe (Tobacco free Europe) explained latest development in the tobacco-free work organized by WHO.

The role of pharmacists in non-smoking work was discussed based on the presentation by Mr. Vilain and on the findings in our survey. The work of pharmacists should be focused on two areas:

- to motivate people in the pre-contemplation stage. This can be done with window displays, promotion of written material and participation in population based campaigns like Quit and Win. Pharmacies are visited by all citizens which makes them the most suitable places to disseminate this kind of information;

- to help people in quitting stage with individual support or with group cessation methods. Both are tested and shown to be effective in community pharmacies. Good advice on using NRT is essential here.

Pharmacists need more education in these activities. Models for this can be provided by the task force, as well as the information of different activities in this area. The task force will in future work as a network changing information, knowledge and ideas. Satu Siiskonen promised to take this action on a worldwide level and to form a discussion group in Internet.

The preliminary programme for the World Congress on Tobacco or Health, 3–8 August in Helsinki was discussed. The task force, FIP and The Association of Finnish Pharmacies are going to organize an ancillary meeting for pharmacists during the congress. This gives us a possibility to form an international task force based on all new WHO-FIP forums.

Chairman told latest news from WATCH –congress in New Delhi, India. This meeting was held just before the meeting of EuroPharm Forum. Contact addresses were distributed to participants.

The task force manager closed the meeting.
WORKSHOP REPORT: CINDI HYPERTENSION MANAGEMENT

Suzete Costa, Task force manager

Participants:
Ingunn Björnsdóttir, Iceland
Astrid Kågedal, Sweden
Meta Milovanovic, Slovenia
Lucie Driova, Czech Republic
Johannes Metzger, Germany
Martine Chauve, France
Vasile Procopishin, Moldova
Sandra Berzina, Latvia
Kaidi Vendla, Estonia
Antal Samu, Hungary
Eduardas Tarasevicius, Lithuania
Colette McCreedy, United Kingdom
John Ferguson, United Kingdom
Lotte Fonnesbæk, Denmark
Peter Jørgensen, Denmark
Loek Arts, Netherlands
Andrea Giacomelli, Italy
Flora Giorgio, PGEU
Hanne Herborg, Denmark
Ivana Silva, Portugal
André Masy, Belgium

Countries / organisations
Iceland, Sweden, Slovenia, Czech Republic, Germany, France, Moldova, Latvia, Estonia, Hungary, Lithuania, UK, Denmark, the Netherlands, Italy, Portugal, Belgium, PGEU.

Target group
According to the workshop outline (sent prior to the meeting), this workshop was targeted to representatives of national pharmaceutical associations who were interested in gaining / sharing some basic knowledge in pharmaceutical care / disease management that could be of use when planning or or supporting local pharmacists in their countries to implement practice based projects on hypertension management.

Aims
To introduce the basic concepts and some methods used for disease management and pharmaceutical care in real practice environments.

To explore DSM / pharmaceutical care practice implementation methods and tools for hypertensive patients through case studies.

Workshop structure
1. Introduction on basic concepts and methods used for disease management and pharmaceutical care in real practice environments:
2. Case studies in working groups
3. Summary of findings

Learning objectives
At the end of the workshop participants were expected to:
- identify the main features of disease management / pharmaceutical care;
– examine ways of identifying and resolving drug related problems in hypertensive patients;
– illustrate a systematic approach to follow up hypertensive patients;
– apply a documentation tool to follow up hypertensive patients.

Summary of workshop

A different approach was used this year for the workshop – more professionally oriented and less targeted to the CINDI project.

The reason for this option has to do with the fact that the majority of EuroPharm Forum members were not involved in the CINDI pilot and that some countries are working on pharmacists’ involvement in hypertension management (disease management and pharmaceutical care).

Thus, this will be another subset of the EuroPharm Forum Pharmacy-based Hypertension Management project which TFM started to work up with interested members already during the workshop and which will continue throughout the next year.

The long term goal is to develop a systematic approach, including documentation tools, to follow up hypertensive patients at the pharmacy, focusing on drug-related problems (DRPs) and on pharmacist’s intervention, based on existing practice models.

Background documentation on pharmaceutical care, drug related problems, SOAP approach and disease management in hypertensive patients provided by pharmacists was distributed to participants prior to the meeting.

TFM started then by introducing the basic concepts and methods used for disease management and pharmaceutical care in real practice environments:

– Pharmaceutical Care
– Disease State Management (pharmacist-managed)
– Drug-Related Problems (DRPs)
– Patient Care Process: assessment, care plan and follow-up evaluation
– SOAP method for documentation

Basic concepts and the Drug Related Problem classification system presented were welcomed by most participants who, with some exceptions, were not familiar with these.

Participants were encouraged to present some of this systematic approach in their national training sessions for pharmacists, as a basis for encouraging and promoting pharmaceutical care to chronic disease patients.

The SOAP method for documentation has been widely used across the United States amongst clinical pharmacists and the tool presented at the workshop is the English version of the Portuguese SOAP note used for Pharmacy-based Hypertension Management Programs.
The SOAP method is considered a good approach for following up patients but some difficulties may arise when using this for evaluation purposes, since there is no coding system associated.

TFM pointed out that in the Portuguese DSM Programs, the note was used for pharmacists only since it was designed for a quick retrieval of information at the counter. It was not used directly for evaluation purposes but the information on it was later transferred to a coding system form.

A case example of a hypertensive patient using this SOAP method was then presented and participants felt, in general, that this was a useful tool for a systematic follow up of patients at the pharmacy from a practitioner’s perspective.

Again, TFM encouraged participants to use this in their own national training sessions for pharmacists on hypertensive patient follow up at the pharmacy.

Following the presentation and short discussion, some case studies prepared by TFM were explored in four working groups. The purpose of this was not to practice actual clinical resolution of the case presented but to apply in practice the DRP classification, the SOAP method and a systematic approach to follow up hypertensive patients at the pharmacy.

One of the group participants presented then a short summary of the findings pertaining to the case explored and an active discussion among participants concluded the workshop.

At the end, some participants requested TFM to send them further material on pharmaceutical care / disease management for hypertensive patients and were interested in approaching this topic at national level.

This workshop enabled TFM to assess the needs of EuroPharm Forum Task Force members in this area and to learn their first views, experiences and perspectives that will be useful to reshape and reorient our future work in this project.

Future developments will have to approach these issues more into depth.
Annex 12

WORKSHOP REPORT: PHARMACISTS AND HIV/AIDS

Florence Guillier-Petit, Task force manager

Participants:
Helle Jacobsgaard, Denmark  |  Kiiri Vasar, Estonia
Nigel Graham, Great Britain |  Sirpa Peura, Finland
Josette Dubray, France      |  Dirk Broeckx, Belgium
Ofelia Crisan, Romania      |  Eeva Teräsmäki, Finland

FG welcomed the participants to the workshop and thanked them for their attendance.

She gave a short description of the project: the project starts in 2000. Its aim is to compile strategies and guidelines for the actions and priorities of pharmacists in the fight against HIV/AIDS. Such strategies and guidelines should promote prevention, safe sexual behaviour, risk reduction and improve proper treatment and the provision of pharmaceutical care in the community.

Then FG asked each participant to present him/herself briefly and to describe their involvement in EuroPharm Forum and their activities in their country about HIV/AIDS.

The target of this workshop was to determine the new orientation of the project. When the taskforce had been established in 2000, the FIP/WHO working group was already working on HIV/AIDS. Now this group was ready to edit in 2003 three modules on:

- a module will deal with the role of pharmacist in HIV/AIDS prevention for injecting drug users,
- a module will address the role of the pharmacist with regard to the safe and effective use of antiviral therapies, HIV opportunistic infection drugs and palliative care,
- a module will deal with the question of prevention and information.

To be sure that our group will not duplicate the work of the FIP/WHO working group, the ExCo has asked our working group to wait for their publication and to redefine our strategy.

This workshop gave to the group the opportunity to discuss the fundamental objectives by responding to few questions:

- What do we expect from the model project?
- How do we will use it?
- Who will use it?
- How each of us expect to promote it?

The summary of the responses were:

The United Kingdom representative would use his own model. He proposed to publish it on the Pharmaceutical Society website, on the Pharmaceutical journal and among experts.
The Estonian representative would translate it and disseminate information about it in the magazine of their council and would cooperate with other national project on HIV/AIDS. The Belgian representative would never use it in full. He preferred to adapt it to the local situation and produce a reduced version. He expected from this group to share experiences. The main people who were able to use it are local associations of pharmacists.

The Danish representative thought that the FIP project would give enough information to the taskforce.

The representative from Finland would not translate it for community pharmacists. She had already developed local standards for the pharmacists. She would produce short articles about the model project in the pharmaceutical press. She expected from the group to share experiences. This year a new drug policy allowed pharmacists to deliver methadone. She would like to know from the other members of the group what had been done and what was the benefit of each action.

The French representative would produce an article on the project in the Journal of the Chamber. She would disseminate it among local associations and experts involved in HIV/AIDS.

This workshop enabled the taskforce to conclude that the model project should be finalised in the light of the modules produced by the FIP/WHO working group in 2003 and that the taskforce became a platform for sharing experiences.

**Documents available**

- The draft of the model project (October 2001), “Pharmacists and HIV/AIDS”
- The project proposal of October 1999, “Pharmacists and HIV/AIDS”
- The Vancouver Declaration of 1997, “The role of the pharmacist in the fight against the HIV/AIDS pandemic”;

Annex 13

WORKSHOP REPORT: DIABETES CARE

Maria Augusta Soares, Task Force Manager Diabetes

The agenda of the workshop on Diabetes Care was the following:

1. Introduction
2. PharmaDiab development in some countries
   - Finland – Anne Hirvonen
   - Denmark – Kirsten Pulz
3. European Pharmacy students and Diabetes Care
   - Ece Bilge – Vice-President of EPSA (European Pharmacy Students Association)
4. Quality Improvement in diabetes care
   - Isuf Kalo – Regional Adviser for Quality in Health Systems, WHO-Europe Region
5. World Diabetes Day – the need for pharmacist’s involvement
   - M. Augusta Soares

About 20 pharmacists attended the workshop: from Croatia, Denmark, Finland, France, Germany, Hungary, Iceland, The Netherlands, Poland, Portugal, Turkey and United Kingdom.

From my experience, when we know how the programmes are being developed, it is much more easy to realise that this is not an impossible task and that with some efforts it is possible to follow some examples. When we know other colleagues’ difficulties it is easy to understand that we are not different and some of them can be overcome. Based on this idea, the workshop was organized to know about the experiences of some countries that are very much involved in PharmaDiab implementation – Denmark and Finland.

As PharmaDiab Guidelines from SVD mention Diabetes Care promotion to pharmacy students, we invited EPSA representant to present the initiatives European students in diabetes care.

From this, we could know that Portugal (Lisbon) and Malta are the two most active Faculties that have a special training course for pharmacy students since 1996 and 1998 respectively.

As it is our intention to have data to show PharmaDiab benefits, and to develop it with high quality, Isuf Kalo was invited to talk about the Quality improvement in Diabetes Care, as he is the Regional Adviser for Quality and Health Systems.

Finally, the pharmacists’ involvement in the World Diabetes Day (WDD) next November 14 was promoted by myself, showing the International Diabetes Federation (IDF) documentation and recommendations.

The participants asked to receive the material as they would like to consider their involvement. I already took the initiative to send them a copy of the IDF documentation and asked the IDF Europe coordinator to WDD to send them the original documentation.

In my opinion, the workshop was able to allow experiences changes, as the high number of questions that were made to the speakers.
Annex 14

**Budget 2003**

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All figures in USD: 158,800

1,126
EuroPharm Forum       Notes to Budget 2003

Line 1:
The WHO contribution for the biennium 2002–03 has been distributed with US $13 000 in 2002 and US $12 000 in 2003.

Line 2:
Includes a 5% increase of fees and change of category D. See enclosed fee estimate.

Line 4:
No bank interest/fees due to change to WHO-operated account.

Line 5:
Salary of two 100% staff on short-term appointments.

A new contractual reform in WHO aimed at providing more permanent contractual arrangements will have financial implications on the future salaries.

Line 6:
Including 3 travels, as the annual meeting is held outside Denmark.

Line 7:
Including 2 travels, related to projects.

Line 8:
Allocation for financial support to attend annual meetings.

Line 9:
Covers two issues of the EuroPharm Newsletter.

Line 10:
WHO Administration cost is a 13% fee of payment transfer to WHO for support of WHO programmes.
## Membership Fees 2003

### Europharm Forum – Membership Fees 2003

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### List of Participants

#### Albania

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<thead>
<tr>
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<th>Organization</th>
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<td></td>
<td></td>
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#### Austria

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**GERMANY**

**HUNGARY**
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# OBSERVER ORGANIZATIONS

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## PCNE, The Netherlands

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## PGEU, Belgium

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## WORLD HEALTH ORGANIZATION

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