



Pharmacists in TB control: their current role

Tuberculosis often manifests with non-specific symptoms such as cough and fever and in almost all country settings people with symptoms suggestive of TB may resort to self-care or present themselves to a wide array of care providers. Given the high utilization of pharmacy services as a first contact with health care, pharmacists and their staff are being requested to fulfill frontline TB health needs for which they have not received adequate training.

Non-National TB Programme (NTP) public and private sector providers may not always be updated on the most recent WHO recommended TB treatment regimens and practices. Treatment outcomes for these providers are poor, often less than 50%. Many patients are receiving questionable quality TB treatment. Therefore, prevention efforts against drug-resistance development and amplification needs to focus on the rational usage of anti-TB medicines.

Ready availability of anti-TB drugs in pharmacies encourages self-medication and purchase of inadequate quantities of medications. Even when sold against a prescription, prescribers may not use recommended regimens, poor-quality drugs may be available on the market, incomplete regimens and little counseling on drug use, and patients may fill only part of the subscription due to financial constraints or when feeling better.

Private sector pharmacy services to this point have not been sufficiently engaged to make full advantage of their utilization rates and potential for the treatment of TB. If the current standard of pharmacy services continues, the goals of NTPs will be hampered, drug-resistance will increase along with the investment needed to counteract TB, and many more individuals will die receiving inadequate care. Unofficial drug sellers are highlighted here as well. While they are not qualified to dispense medicines, providing them information to refer patients for appropriate care remains a valuable but unrealized aim. Regardless, pharmacy services offer major opportunities to improve tuberculosis control.

Pharmacists in TB control: their potential role

Recalling the role of pharmacists in the prevention and treatment of chronic diseases, pharmacists are in a position to provide early detection of chronic diseases prevalent in their own community as the most accessible health care professional in the community, and to work with other members of the healthcare team referring patients with chronic disease. They provide pharmaceutical care based on patients' needs by identifying and resolving problems associated with the use of medicines, while actively seeking to motivate and engage patients to accept responsibility for their own health. Importantly, national and local associations of pharmacists are encouraged to work with national health programs to incorporate management by the pharmacist for chronic disease into treatment programs.

Referring to the FIP Code of Ethics for pharmacists, pharmacists are to promote the rational use of medicines and to assist patients to acquire, and gain maximum therapeutic benefit from, their medicines. They are urged to act with honesty and integrity in their relationships with all other services - including engagements with the pharmaceutical industry - and to comply with legislation and accepted codes and standards of practice in the provision of all professional services and pharmaceutical products and ensure the integrity of the supply chain for medicines by purchasing only from reputable sources.

To that end, pharmacists can contribute significantly to different tasks essential for quality TB care. They can assist in early identification of TB suspects and refer them for diagnosis thereby reducing delays in diagnosis, saving costs of care and increasing case detection.

- For example: In a project aimed at engaging pharmacies in Cambodia, between 2005 and 2008, participating pharmacists referred 12,577 TB suspects of which 6,403 reported to health centers and 1418 TB cases were identified from among them.

Pharmacists can also provide supervision, educational information and support to patients living in the community thereby enhancing treatment success, reducing defaults and contributing to cutting the disease transmission.

- For example: The TB Fact Card project in India includes pharmacists as distributors of TB information, referrers for diagnosis, providers of DOTS medicine boxes, administrators of treatment, and in following up on patient defaults by phone call. Patients and pharmacists alike are responding with satisfaction.

Further, pharmacists can assist other public and private care providers by ensuring rational use of anti-TB medicines and contributing to preventing emergence of drug resistance.

- For example: Concerted efforts in collaboration with pharmacists, pharmaceutical industry and drug controlling authorities by the National Tuberculosis Programme of Ghana helped in stopping the sale of anti-TB medicines in private pharmacies. Additionally, pharmacies contributed by offering information to and referring patients presenting with symptoms of TB.

Pharmacy services to this point have not been sufficiently engaged to utilize fully their comparative advantage for the treatment of TB. FIP desire to increase the involvement of pharmacists as a vital link in national TB control programme efforts, scaling-up public-private mix approaches and promoting rational use of anti-TB medicines.