

## THE ROLE OF PHARMACISTS IN TUBERCULOSIS CARE AND CONTROL

### Background

Every year, more than 9 million new cases of tuberculosis (TB) occur and nearly 2 million people die of the disease. Nearly half a million cases have the multidrug-resistant form of the disease.

While Asia bears the largest burden of the disease, sub-Saharan Africa has the highest incidence of drug-susceptible TB and Eastern Europe has the highest incidence of multidrug-resistant TB (MDR-TB).

Considerable progress has been made over the past decade: between 1995 and 2009, proper TB care and control averted up to 6 million deaths and cured 41 million people. A great deal of concerted effort is still required if the TB-related Millennium Development Goals are to be met by 2015 and the Stop TB Partnership's vision of a world free of TB is to be realized by 2050.

In several countries, national TB programmes have made significant progress in involving diverse public, private, voluntary and corporate health-care providers in TB care and control. Pharmacists constitute an important and essential part of the health work-force. In many countries, pharmacists are the frontline health-care providers and often a first point of contact for people with symptoms of TB. Systematic efforts to involve pharmacists in TB care and control therefore need to be undertaken as a part of strengthening health systems in general and health work-force in particular.

## Working together: WHO and FIP

The World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) intend to intensify their collaboration towards care and control of TB and MDR-TB globally. While recognizing the broader role of pharmacists in the development and use of anti-TB medicines, this joint statement focuses on the role of pharmacists directly involved in delivering care for people with TB.

This statement builds on WHO's mandate in public health and FIP's previous collaboration with WHO on important public health issues including the role of pharmacists in the fight against the HIV-AIDS pandemic, good pharmacy practice, prevention of anti-microbial resistance and encouraging adherence to long-term treatments.

### Joint action

1. WHO and FIP have jointly drawn up the basis for action-oriented collaboration between national TB programmes and national pharmacy associations in the fight against TB and MDR-TB.
2. WHO undertakes to promote the need for these collaborative actions to WHO Member States, their national TB programmes and drug regulatory authorities as well as to Stop TB partners worldwide.
3. FIP undertakes to promote these actions to national pharmacy associations worldwide and, through them, to individual pharmacists and to the health authorities of respective countries.
4. Both WHO and FIP will use this joint statement to harness the contribution of pharmacists in delivering health services as part of strengthening health systems.

#### **Dr Hiroki Nakatani**

Assistant Director-General,  
World Health Organization

#### **Dr Michel Buchmann**

President  
International Pharmaceutical  
Federation

## Collaborative actions

*WHO and FIP urge national TB programmes and national pharmacy associations, to develop and implement plans for engaging pharmacists in the fight against TB within the context of national health systems and services. These plans should take into consideration the following actions that would enable national TB programmes and national pharmacy associations to work together to:*

1. Provide joint stewardship in developing policy guidance and resource mobilization to engage pharmacists in TB care and control. For this purpose, to undertake, as a first step, situation assessments to understand the current role and potential contribution of pharmacists in health service delivery in general, and TB care and control in particular. The process should also entail consultation and collaboration with relevant stakeholders to identify educational, managerial and regulatory approaches to systematically engage pharmacists in TB care and control.
2. Undertake orientation and training of pharmacists to enable their effective contribution to TB care and control, taking into account the local context. To this effect, the training curricula of pharmacy students may require updating to incorporate current knowledge and practices in TB care and control.
3. Facilitate effective contribution of pharmacists to specific areas of TB care and control, including increasing awareness of TB among lay people and patients about health facilities linked to national TB programmes providing quality-assured diagnosis and treatment of TB; referring people with symptoms of TB to appropriate health-care facilities for early diagnosis; providing supportive supervision of TB patients including directly-observed treatment to promote adherence and prevent multidrug resistance; and supporting diverse health-care providers to ensure that national guidelines based on the International Standards for Tuberculosis Care are followed.
4. Promote rational use of anti-TB medicines and ensure that quality-assured medicines are procured and supplied and that fixed-dose combinations recommended by WHO are used. Furthermore, dispensing anti-TB medicines that have not been certified as safe and effective and sale of inappropriate combinations should be stopped. The sale of anti-TB medicines over the counter without a prescription must also be prohibited.

5. Maintain a continuous dialogue with health-care providers to rationalize and strengthen their TB management practices. Pharmacy associations should contribute to developing national guidelines on the rational use of anti-TB medicines and support adherence to these guidelines in practice.
6. Engage pharmacists and their associations to join the Stop TB Partnership's efforts at local, national and global levels. All relevant stakeholders, including the pharmaceutical industry, academic institutions and civil society organizations should understand and support the role of pharmacists in TB care and control.
7. Develop and implement a system to monitor, evaluate and improve collaboration between national TB programmes and national pharmacy associations. Documentation and sharing of experiences and lessons learnt should establish an evidence-base of the role of pharmacists in TB care and control and also help to identify and scale-up successful best practice models.

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