Involvement of the Pharmacists in India in the fight against HIV/AIDS

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Greetings
Acknowledgements

- Delhi Society for Promotion of Rational Use of Drugs (DSPRUD)
  NEW DELHI

- National AIDS Control Organization (NACO)
  Government of India
  NEW DELHI
Humanitarian Slant

- HIV/AIDS is a massive crisis in its own
- Humanitarian response is deeply concerned with increased levels of mortality and morbidity
- HIV infection is not the end of life.
- PLHV can lead a healthy life for a long time with appropriate medical and pharmaceutical care
- Medication with adherence enhances both quality of life and longevity, and
- A sustainable and significant contribution can be made towards poverty reduction as part of the Millennium Development Goals.
Attempts to Involve the Pharmacists in India in the fight against HIV/AIDS

- 2000 IPA NPW theme was “Pharmacist Shouldering the Responsibility in Fighting AIDS
- 2002 FIP-CPS supported bringing out the "Guiding Principles for Pharmacists in Prevention & Management of HIV/AIDS"
- Efforts to train pharmacists on these ‘Guiding Principles’ were successful at very few academic schools, and,
- By and large the Community Pharmacy did not show much interest in this as there were very few prescriptions with HIV/AIDS medications at their counters
- Several endorsements, including Chennai Statement on HIV/AIDS, MCH, and TB (March 2010)
# National Aids Control Program (NACP)

| NACP I 1992-1999 | To slow down the spread of HIV infection  
- (National AIDS Control Board constituted  
- National AIDS Control Organisation |
| NACP II 1999-2006 | Focusing on behaviour change,  
- Increased decentralization and NGO involvement  
- State AIDS Control Societies  
- National AIDS Control Policy adopted  
- National Blood Policy adopted  
- ART Treatment initiated at selected states center |
| NACP III 2007-2012 | Halt and reverse the epidemic in India over the next 5 years  
- Reduce / prevent new infections  
- Increase proportion of PLHA receiving care, support, and treatment  
- Strengthen capacity at district, state and national levels  
- Build strategic information management systems |
NACP III: Care, Support & Treatment activities

- ART is now available free to all those who need it
- Operational Guidelines for ART Centers (May 2008), the pharmacists have been assigned specific roles and responsibilities
- Indeed, this is the first national program in India in which PHARMACISTS are being involved with defined roles and responsibilities
NACP III: Pharmacist’s Tasks

- Dispense ARV and OIs medicines
- Maintain medicines stock and medicines dispensing registers
- Ensure ART center has stock of ARVs for at least 3 months
- Inform the ART Nodal Officer of the center as and when the stock falls below the 3 month back up stock
- Ensure adequate stock of medicines required for treatment and prophylaxis of OIs
- Advise the patients and family about importance of adherence during each visit
- Advise the patient on possible medicines toxicities and reporting of the same if significant
- Maintain a monthly sheet for expiry of medicines stock.
- Do Pill count and report any adverse effects of ARVs or any OIs
Hurdles

• Pharmacists could not perform the assigned tasks at ART centers as they have not received enough education and training during their pre-degree / diploma curriculum to perform required roles and responsibilities effectively.

• Therefore, to empower pharmacists in fulfilling their obligations, the NACO in late 2009, constituted a Working Group comprising of experts from DSPRUD and NACO for development of a Training Module for training of Pharmacists.
Working Group focus

• Good Store & inventory management for uninterrupted supply quality medicines
• Good dispensing practices
• Imparting appropriate pharmaceutical care (PI and Adherence counseling)
• Orient participation in PV program for ensuring better safety
• WG divided topics among themselves for proposed Training Module
Working Group Methodology

- WG divided topics among themselves for proposed Training Module
- Chapters so written were shared among all members for review, comments, linking up with each other; avoid redundancy, etc.
- Draft “Training Module” was finalized for pre-test training program in June 2010
- Based on the feedback, comments of the participants, observers and review by country experts from different regions, training module was further fine tuned during second training program in September 2010
- National Training Module for ART Centers Pharmacists finalized for regular training jointly by DSPRUD NACO
Pharmacist’s Role

- prime role in ensuring uninterrupted supply of quality medicines
- good dispensing practices with imparting appropriate pharmaceutical care
- imparting drug related patient information
- adherence counseling & monitoring, and
- participation in pharmacovigilence especially on ARVs & OIs medicines
Session Objectives

To understand the

- importance of rational use of medicines;
- adverse impact and factors influencing the rational use of medicines;
- national guidelines for HIV/AIDS;
- useful role pharmacists can play in promoting rational use of medicines; and
- importance of patient education
HOW TO PROMOTE RATIONAL USE OF MEDICINES?

• Use of well tested tools for promoting RUM.
• Selection and use of essential medicines, chosen on basis of efficacy, safety and cost.
• Developing standard treatment protocols and selecting medicines based on evidence.
HOW TO PROMOTE RATIONAL USE OF MEDICINES?

- Ensuring availability, accessibility and affordability of essential medicines.
- Ensure that standard protocols are adhered to.
- Ensure that medicines are dispensed and administered appropriately and patients are educated.
- Patients consume medicines as prescribed.
RATIONAL USE OF MEDICINES ----

• NACO Programme on ARV Therapy is an excellent example of promoting RUM.
• Essential medicines have been identified, made available at ART Centres.
• Standard Treatment Protocols are developed.
RATIONAL USE OF MEDICINES ----

• Treatment Protocols have been implemented.
• NACP – III in addition to above on educating pharmacists and other health professionals to strengthen family and community care and most important ensuring adherence to treatment prescribed
ROLE OF PHARMACISTS IN PROMOTING RATIONAL USE OF MEDICINE

• A pharmacist is a crucial link between patient and other health-care professionals.

• Pharmacists are first contact with community.

• Community by and large has tremendous faith in pharmacists and find them easily accessible.
ROLE OF PHARMACISTS

• Strengthen effective drug management.
• Overcoming chronic shortage of essential medicines.
• Combating problem with fake and inferior quality medicines.
• Educate public on compliance and better use of medicines.
ROLE OF PHARMACISTS

- Active participation of pharmacist in ARV therapy programme in other countries resulted into better patient outcome.
- Pharmacists working in ART Centers can participate in better and regular supply of ARV medicines.
- Follow good dispensing practices on safe use of ARV medicines.
- Participate in pharmacovigilance programme.
DRUG STOCK MANAGEMENT

• An effective inventory management will ensure availability of ARV medicines at all times at ART Centres.
  
• Can be achieved by determining quantity needed, placing order at appropriate time, receiving and checking medicines, storing properly and monitoring consumption.

• Stock medicines for three months.
DRUG STOCK MANAGEMENT

• Maintaining accurate record for medicines received and dispensed.
• Handling of near expiry medicines.
• Training of fellow colleagues.
GOOD DISPENSING PRACTICES AND IMPARTING APPROPRIATE PHARMACEUTICAL CARE

• Imparting knowledge to patients at time of dispensing improves treatment adherence and patient outcome.
• ARV medicines have low safety profile, chances of discontinuance of therapy are more.
• Pharmacist should educate patient on dose, duration of treatment of each medicines prescribed.
GOOD DISPENSING PRACTICES AND IMPARTING APPROPRIATE PHARMACEUTICAL CARE ---

• Should educate about ADR commonly encountered.
• Educate about Drug-Drug Interactions.
• Educate about prevention of HIV/AIDS and Opportunistic Infections.
PARTICIPATION IN PHARMACOVIGILANCE PROGRAMME

- Participate in ADR monitoring.
- While counseling, if they observe any adverse effect in patient, it should be reported.
- Data generated on ADRs when used further improves patient outcome.
KEY RESPONSIBILITIES IN ART CENTRES

• Facilitate receipt of medicines and Medicine Stock Management at ART Centre.
• Ensure centre has stock of ARV medicines for at least 3 months.
• Inform ART SMO / In-charge MO / Nodal Officer as and when stock falls below 3 month backup stock.
• Dispense medicines for OI and ARV medicines.

• Maintain Medicine Stock and Medicine Dispensing Registers and generate “Daily Due List” for medicine collection for next working day.
KEY RESPONSIBILITIES

• Handover completed list “Daily Due List” of each day after completion medicine dispensing for particular day, to Counselor for contacting MIS cases.

• Advise patient and family about importance of adherence during each visit.
KEY RESPONSIBILITIES

• Advise patient on possible adverse reaction to ARV and OI medicines and also explain importance of reporting ADR to pharmacist / doctor during each visit.

• Maintain a monthly sheet for expiry of medicines stock.
KEY RESPONSIBILITIES

- Do pill count and provide necessary data to data manager related to medicines for preparation of Monthly reports.
- Facilitate and monitor supply of ARV medicines to LACS as per number of patients linked out.