DEVELOPING A NATIONAL HIV/AIDS PHARMACY-BASED INITIATIVE

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Objectives

At the end of this presentation participants will be aware of:

- Procedures which I recommend for the Development of a Pharmacy-Based Initiative

- A suggested Strategic Framework in which to Develop, Monitor and Evaluate only one of these procedures – A Dissemination Strategy
Goals

Goals we wish to achieve include:

- Preventing new HIV/AIDS infections
- Increasing access to antiretrovirals and treatment programmes, and
- Improving the quality of life of those afflicted with and affected by HIV/AIDS
HIV/AIDS Education and Training Programmes for Pharmacists

(a) The Pharmacist is a Receptacle for Drug Information
√ HIV/AIDS Education and Training Programmes for Pharmacists
HIV/AIDS Education and Training Programmes for Pharmacists

(b) The Pharmacist is a Counsellor
HIV/AIDS Education and Training Programmes for Pharmacists


1. Have you received training in Pretest Counselling?
   Yes - 56%      No - 44%

2. Are you satisfied with your competence in pretest Counseling?
   Yes - 49%      No - 51%

3. Have you received Post Test Counselling Training?
   Yes - 52%      No - 48%

4. Are you satisfied with your Counselling competence?
   Yes - 35%      No - 65%
Voluntary Counselling and Testing

“these programmes have been shown to be amongst the most effective prevention tools.”

“Nowhere is the changing role of the pharmacist more vividly emphasised than in the management of HIV/AIDS. In many Commonwealth countries the pharmacist is the most accessible, and often the most trusted, of all health professionals. It is this ready accessibility which highlights the importance of the pharmacist, especially the community pharmacist, as a health educator. Communication skill is a common thread woven through pharmacy practice in all Commonwealth countries.”


John Bell,
Immediate Past President, Commonwealth Pharmaceutical Association.
(d) The Pharmacist is a Person with Attitudes and Emotions which can be Relayed or Transferred

Can we teach ourselves how to feel about persons living with HIV/AIDS?
HIV/AIDS Education and Training Programmes for Pharmacists

“Ignorance breeds passivity, pessimism, resignation or a sense that AIDS is someone else’s problem.”

√ Create New Partnerships, Interprofessional Cooperation and Collaboration.

A Multi-Disciplinary and MultiSectoral Team Approach

- Make an effort to improve the physician - pharmacist relationship
- Seek membership in other professional organizations which have HIV/AIDS on their agenda
Highlight and Exploit the Pharmacist’s Presence in the Community

- Information Sharing

- Syndromic Management of STI’s
Highlight and Exploit the Pharmacist’s Presence in the Community (Cont’d.)

- Facilitate ‘Double Protection’
Facilitate ‘Double Protection’
Facilitate ‘Double Protection’

“Ask your OB/GYN to write you a prescription now, with the option for refills. Then stash the pills and the refill in your medicine cabinet.”

✓ Increase Money and Manpower

- Volunteers
- Retirees
Increase Money and Manpower

- Local and Int’l Organisations which provide Financial and other Support

“….steered hundreds of millions in private donations and contributions from governments (such as Canada and Ireland) to AIDS-stricken parts of the world for treatment and PUBLIC EDUCATION.”


- Condom Distribution and Manufacturing Companies
√ Improve Networking Capacity and Political Dexterity

- Ministries of Health
- Media Houses
- Policy makers
- Private Sector Organisations
- Pharmaceutical Companies
√ Learn From Experience
“You in your small corner and I in mine”
“Prevention is Better, Especially when there is No Cure.”

- a Science-based Approach
Step 1. – Analyse the Problem
Step 2. – Update Ourselves on the Issues
Step 3. – Analyse the Policy Makers
Step 4. – Aim
Step 5. – Design the Message

NATIONAL HIV/AIDS PHARMACY-BASED INITIATIVE
Step 6. - Analyse the present Policies and Practices
Step 7. – Analyse the Stakeholders
Stakeholder

- any group or individual who can affect or be affected by the achievement of the project’s objectives, or can influence these objectives.

Analyse the Stakeholders

Target Audience

At-risk Groups (from research results)
Public Sector Organisations

- Dept. of Social Security
- Dept. of Information
- Dept. of Education
- National Family Planning Board
- Dept. of Women’s Affairs
Private Sector Organisations

- Networks of Seropositives (PLWA’s)
- Community Pharmacies
- Pharmaceutical Companies
- Condom Distribution Companies
Analyse the Stakeholders

Mass Media

- Local Radio and Television Stations
- Commercial Advertising Firms
- Marketing Firms
- Media Production Firms
Analyse the Stakeholders

Non-Governmental Organisations

- Federation of International Pharmacists
- Commonwealth Pharmaceutical Association
- Faith-based Organisations/ Churches
- Professional Associations e.g. Medical Association
- Service Clubs
- Youth Groups
Criteria upon which to Evaluate each Agency:

- ✔ Competence
- ✔ Commitment
- ✔ Clout
- ✔ Coverage
- ✔ Continuity
How to Assess Organisations as Strategic Partners:

**Competence**

- Strong technical and management staff
- Cash Flow and Reserves
- Experience with similar activities
- A positive Image and a reputation for high-quality work

How to Assess Organisations as Strategic Partners:

**Commitment**

- Endorsement of Reproductive Health Programmes and programmes on HIV/ AIDS

How to Assess Organisations as Strategic Partners:

- Contact and Access among Policy-makers and Influential People
- Political Support

How to Assess Organisations as Strategic Partners:

Coverage

- Ability to reach Intended Audience

How to Assess Organisations as Strategic Partners:

**Continuity**

- Length of time in Operation
- Comparable Projects Accomplished previously
- Institutional Base and Resources for Sustainability

The Dissemination Strategy -
A Multimedia, Multi-Channel Approach

Communication Channels:

- Interpersonal
- Group
- Mass media
2. Engagement of Partners, Budget Planning and Funds – Jan. – June, 2005
3. Secondary Audience Training – April to June, 2005
4. Campaign Preparations – April to September, 2005
5. Launch of Campaign – September, 2005
A Closer Look at Phase #6

☑ Check Pre-Determined Outputs against Proposed Verifiable Indicators

Check List
1.
2.
3.
4.
5.
Verifiable Indicators


- Reduction in the rates of new HIV infection
- Consistence in condom use, and correct application
- Delay of first sexual activity
- Increase in Abstinence
- Early Health Seeking Behaviour
- Increase in Condom Sales and Accessibility
- Increase in Demand for VCT Services
- Strengthening of the Pharmacist’s Capacity
A Closer Look at Phase #6


- Check Pre-Determined Outputs against Proposed Verifiable Indicators
- Execute Focus Group Discussions, In-depth Interviews, and utilise ‘Mystery Clients’
Phase 7: Pharmacist (Re)Training (October-December 2005 and 2006)

✓ Tailored in response to results of monitoring and evaluation.
And Finally

The HIV VIRUS
Prevention Is Better,
Especially When There Is No Cure.
PRESS RELEASE
Strictly embargoed until 12 noon - June 5, 2005

JAMAICAN PHARMACISTS FIGHT TO WIN THE WAR AGAINST AIDS
- Dennis The Menace Brown A Victim

Jamaica and its Pharmacists are together fighting a war that they must win - the fight against HIV/AIDS. This was announced on June 5, 2005 by Minister of Health John Junor, at the Jamaica’s Annual HIV/AIDS Prayer Breakfast in Ocho Rios, where the Pharmaceutical Society of Jamaica’s National Campaign against HIV/AIDS was launched. Approximately 2,000 persons were in attendance. This PREVENTION IS BETTER, ESPECIALLY WHEN THERE IS NO CURE Campaign will run for the next two years.

Minister Junor stated that the HIV/AIDS incidence rate in Jamaica of 2.5% is unacceptable. He stated, “If we look at our young people, they are really at risk. In the age group 14–39 years, we have seen an increase in the incidence of HIV/AIDS every year for the past 10 years.”

He announced too, that legislation is now in place here to address discrimination against, and protect the rights of, persons with HIV. Additionally several hundred persons including a large contingent of local Pharmacists, other Health Service Providers, Family, Community and Religious Leaders, Teachers and Counsellors have been trained during the last 12 months, to address the needs of clients who request counselling and information services about sexual choices, sexual behaviour and AIDS.

President of the Pharmaceutical Society of Jamaica, Mr. Henry Harris considered the moment a proud one, and thanked all local pharmacists including