

Practical tools to improve pharmacy management & dispensing to HIV patients

Recommendations for pharmacy management and the dispensing of Anti-Retroviral Medicines in Resource-limited settings

FIP Working Group
on Pharmacists and HIV-AIDS



FIP Congress, Basel,
1st September 2008

Julie LANGLOIS, France

3 million people on ART (2,120,000 in Sub-Sah.Africa)

Unaids 2007

Financing available, programs are implemented and decentralised → universal access to treatment and care



- 💣 **lack of human resources**
- 💣 **lack of literary resources on pharmacy management in resource limited settings**
- 💣 **under trained pharmaceutical teams**

- **WHO and other stakeholders started to bring funds and technical support**
- **Practical tools for specific health services are still necessary**

Challenges for the pharmacists

in the field of HIV & AIDS in resource-limited settings

- **To implement the programs with efficiency**
- ✓ By improving logistical aspects related to ARV drugs, to drugs against opportunistic infections and biological reagents → **no stock shortages**
- ✓ By ensuring an efficient pharmaceutical follow-up for each patient living with HIV → **good adherence, low rate of 'lost to follow-up', better quality of life for patients**
- **To further the role of pharmacists in the fight against HIV/AIDS**

*R*ecommendations for pharmacy management and the dispensing of Anti-Retroviral Medicines in Resource-limited settings

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14 technical sheets

1. Lay-out of the pharmacy premises
2. Storing medicines
3. Waste management
4. Selection of medicines
5. Selecting suppliers and managing donations
6. Drug management
7. ARV management
8. Dealing with stock shortage
9. Management of patient care files
10. Computers and softwares in the pharmacy
11. Best practices in dispensing
12. Education and training
13. Best practices, nutrition
14. Quality assurance for pharmaceutical activities

Why do these guidelines respond to a real need and complete the existing literacy?

FIP 2008	Up-dated and exhaustive	Logistic and organizational management	Process of dispensing & follow-up of the patients	Targetting HIV/AIDS	English & french versions
OMS (2007)					Only english
Doctors without borders (MSF 2006)					
Remed (2005)					Only french
FIP (2004)					
JSI (2003)					

Methodology

**1. Draft
= PharmD
Thesis (2006)**

**2. Consultation of
the FIP working group
(first half year 2008)**

**Launching during the
FIP annual congress in Basel
(September 2008)**

**→ English and French versions
available for free on the
FIP website**

**3. Inclusion of the
remarks collected
(second half year 2008)**

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symposium, 1st september 2008

Illustrations of the community based pharmacies in West Africa



Community-based
pharmacies
in Mali and
Burkina
Faso



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symposium, 1st september 2008

Content: framework of each technical sheet

- **Title**
- **Objectives**
- **Main parts** with technical recommendations, concrete advice and practical examples
- **Bibliographical references** (including their Internet address when available)

2 Storing Medicines



Objectives

Meticulous organization of stored, current drugs in the dispensing outlet makes it possible to:

- **find** medicines quickly on the shelves;
- easily assess the **number of boxes left**;
- **foresee running out** whenever there is a label in front of an empty space.

A damaged product should never be dispensed to a patient. Products whose freshness you question put patients at real risk. It is therefore advisable to prevent the spoiling of stored products in the pharmacy by trying to keep them in the kinds of conditions indicated on the product and controlling the storage environment: temperature, air circulation, moisture and exposure to light. When drugs are being shipped:

a) **Organising pharmaceutical products and equipments** : in the dispensing outlet and in the reserve storage room

b) **Recommandations to prevent spoiling of pharmaceutical products**: problems caused by drugs deterioration; how to identify spoiling; how to prevent deterioration by heat, cold, light, moisture; how to detect counterfeit medicines

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Drug Management



Objectives

Drug management makes it possible to:

- Know the current **stock** of drugs at all times;
- Know the **consumption rate** of each type of drug;
- Efficiently manage the generation, tracking and reception of drug **orders**;
- Ensure the traceability of prescriptions dispensed;
- Ensure the effective therapeutic care of pharmacy **patients**.

a) Keeping tracks of stocks; b) Recommandations for reception of orders;
c) Recommandations for managing orders; d) Physical inventory of stock

Objectives

ARV management makes it possible to:

- always know what is in storage (number of units of each drug);
- know how much is used for each ARV;
- efficiently manage the supply chain and reception of ARVs;
- prevent stock shortages of ARV;
- prevent over-stocking (risk of expiration if large quantities of ARVs are stored for too long);
- be able to track prescriptions dispensed through the dispensing outlet;
- insure pharmaceutical follow-up of the patients on ARVs.



Sheet 7

Details
on
ARVs

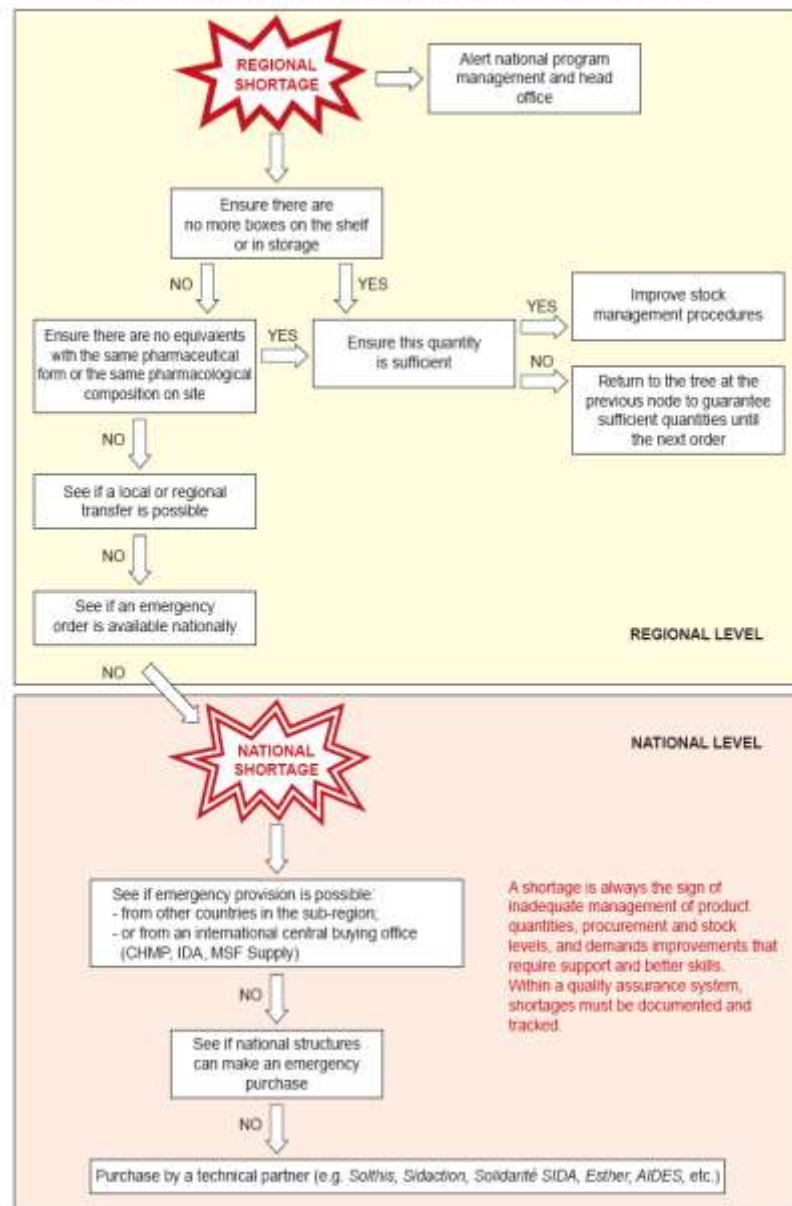
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Dealing with Stock Shortages

a) What to do in the case of a stock shortage?
For ARV drugs and non ARV drugs

a) Remedial and Preventive solutions in a context of supply difficulties

DECISION TREE IN CASE OF MEDICINE AND REAGENT STOCK SHORTAGE



11 Best practices in dispensing



Best practices in dispensing allow the pharmacists to:

- know the **medicines**;
- know the **patient**;
- **locate quickly and easily the medicines** in the stockroom;
- know how to **substitute** an equivalent for the prescribed product if it not available;
- dispense the **exact number** of units (tablets, ampoules etc.) indicated on the prescription;
- dispense medicines with **packaging** that will help conserve and identify them;
- provide complete and appropriate **information** to the patient;
- ensure that the patient has **understood** the information given.

Objectives

- a) **Example protocol for dispensing a prescription**
Welcome & communication with the patient & preparation the prescription
- b) **Analysis and preparation of the prescription**
- c) **Dialogue with the patient to provide correct information on the administration of the treatment**

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Best Practices, nutrition



Best practices on nutrition allow for:

- an adaptation of the patient's approach to food to meet nutritional modalities related to ARVs or OI drugs;
- counseling the patient in case of vomiting;
- orienting the patient towards nutritional/cooking education groups;
- informing the patient on simple hygiene rules to be respected with food;
- counseling the patient in case of digestive adverse effects.

Objectives

- a) Adapting the administration of medicines to nutritional practices
(ex: in case of vomiting, Ramadan, pill forgotten, diarrhea...)
- b) Nutritionnal support at the pharmacy
- c) Nutritionnal advices to patients living with HIV
- d) Nutritionnal advices for HIV complications or in regards to HIV treatments

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Quality Assurance for Pharmaceutical Activities

Objectives

Quality assurance system for pharmaceutical activities allows for:

- an implementation and respect of daily procedures by the pharmacy team;
- an evaluation of the quality of the functioning of the pharmacy to verify whether it fulfils its objectives on the quality of patient care and on the optimal use of human and financial resources.

a) Procedures to implement at the outset of the activities

b) Required « routine » procedures

Chart: Daily, Weekly, Monthly, Twice a year, Each year...

c) Audit indicators

Chart: structure indicators, process indicators, results indicators

Conclusion

- **Training pharmacists will contribute to ensuring Quality Assurance of the chain, essential to offering better healthcare management to patients living with HIV.**
- **We hope this new up-dated tool will help for pharmaceutical training**
- **Feel free to consult and to download it on www.fip.org/hivaids**

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***Thank you very much for
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