

Building the global bridge

Dr Agathe Wehrli

Pharmabridge is a voluntary run initiative supported by FIP, aimed at strengthening pharmacy services in developing and transitional countries through coordinated support from the pharmacy establishment and individual pharmacists in the developed world.

Some may ask, why Pharmabridge?

During my visits to developing countries on World Health Organization (WHO) missions I was often struck by the insufficiency of pharmaceutical services and the high motivation of individual pharmacists despite difficult working conditions. They lacked – and many still do – for example access to such basic needs as up-to-date reference books and also to training opportunities. It was against this background that in 1999 I created Pharmabridge, after my retirement from WHO.



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There were and are, of course, other support systems in place to target these needs, but they are usually limited to institutions. While Pharmabridge also includes them, it does not leave out the individual pharmacist. I was well aware that the success of Pharmabridge would depend on people's willingness to support it. This soon happened, although some activities have taken more time to materialize. The project really took off thanks to the inclusion of a questionnaire in the Newsletter of the Commonwealth Pharmaceutical Association (CPA), which was soon followed by a FIP press release.

Now, FIP has adopted Pharmabridge as one of the activities of the Board of Pharmaceutical Practice. Apart from CPA and FIP, the American Society of Health-System Pharmacists (ASHP) has provided support right from the start by offering a complimentary copy of the AHFS Drug Information book to every Pharmabridge newcomer from

a developing country. Book donations remain the backbone of the project, the vast majority coming from the USA, from ASHP, the American Pharmacists Association (APhA), individual pharmacists and pharmacy students. For a few years, the Ohio Northern University students supported over 30 parties in developing countries with book donations, and even computers under an optional credit programme on Pharmabridge.

As the initiative grows, the programme is now also in a position to place pharmacists from developing country into pharmacy practice sites thanks to offers again mostly from the USA, but also from the UK and Canada. These experiences are usually associated with schools of pharmacy and generally last for 1 month, with individuals training in hospital/clinical pharmacy or drug information. This year alone 6 people could be placed and sponsored.

Pharmabridge also promotes the sponsorship of on-site training courses in developing countries. This is made possible through individual pharmacists donating their time and expertise to these on-site visits. So far, Good Manufacturing Practice (GMP) courses could be run in Sri Lanka, Nigeria and Ghana, with another one planned for Mongolia. A training course in drug information in Nigeria is in the pipeline, as well as the visit of a team of US pharmacist experts to India.

Of pinnacle importance to the project is overall contact between pharmacists from around the world, from all demographics of practice and health. Because of the Pharmabridge network, many pharmacists have been able to meet with colleagues when traveling abroad; some of them given the opportunity to participate in local pharmacy events and make presentations. Up until now over 600 people have registered with Pharmabridge and direct communication amongst them will soon become possible through an e-mail address list on www.pharmabridge.org.

Through Pharmabridge, I truly believe that we are building a global bridge for pharmacy opportunities, resources and knowledge, and it has been my privilege to work with many others in bringing this project to fruition. ■



There will be a Pharmabridge meeting during the FIP Congress in Beijing on Tuesday, 4 September, 17.00 – 18.00 in Room 101 where updated information will be provided, and where all our welcome to mix, mingle and network.