

## **Pharmabridge, a status report as per August 2003**

Presented during the FIP Congress in Sydney, September 2003

by  
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### **Introduction and background**

I would like to thank the Hospital Pharmacy Section for giving me the opportunity to present the Pharmabridge project during this Session on Hospital Pharmacy in developing countries. In the course of the presentation you will see that there are many hospital pharmacists from developing countries who would like to improve hospital pharmacy practice in their settings and move towards more patient oriented clinical pharmacy.

Pharmabridge is a private initiative that I started in 1999, after my retirement from more than 30 years with the World Health Organization (WHO). Pharmabridge is run on a voluntary and non-commercial basis. Both the International Pharmaceutical Federation (FIP) and the Commonwealth Pharmaceutical Association (CPA) have provided their support throughout. to and promoted the project throughout. Each has promoted the project on their websites and individual FIP sections have helped by including items of interest and relevance in their various newsletters.

The objective of the project is to strengthen pharmacy services in developing and transitional countries with the support of the pharmacy establishment in the developed world. During my years with WHO I found time and again that lack of access to information and training opportunities is a huge but remedial obstacle to the provision of effective pharmacy services in these countries. You may appreciate the magnitude of the problem when you learn that when I last visited Nigeria some years ago, a professor of pharmacy could expect to earn about 80 US\$ per month. At much the same time I was shown a beautifully furnished university library in Dhaka, Bangladesh, where the pharmacy journals on the shelves dated more than 20 years back. The situation may have changed somewhat but basic reference books still remain out of reach for most. The intent of Pharmabridge is not to duplicate but to complement existing schemes. What distinguishes Pharmabridge from other support schemes is that it is specifically directed to pharmacists. It also supports the individual pharmacist whereas most other schemes limit their support to institutions.

### **The Pharmabridge website**

Pharmabridge has its own website ([www.pharmabridge.org](http://www.pharmabridge.org)) developed and sponsored by FIP. The website contains Pharmabridge background information and a questionnaire that applicants fill in on-line. The questions to be answered are name and contact details, field of activity, needs/offers (books etc, education/training), and special wishes for twinning. Applicants can also indicate whether they agree to have their e-mail address on the Pharmabridge website.

The website also contains Guidelines for book donations (no dumping of old books!) and useful links including a list of journals with free online access, and a catalogue of discussion groups and websites of interest to pharmacists from developing countries. This components of the website have been developed by the International Pharmacy Students Federation (IPSF) and the Young Pharmacists Group (YPG) which is still active in developing a database on information about fellowships available for pharmacists from developing countries.

## The Database

The core database is now fully operational. It was initially set up by Diane Gal and Germano Ferreira and later refined by Louise Gelato. All of this has been done most professionally and on a purely voluntary basis. Many thanks.

Each new applicant is identified by a unique code based on the WHO Region (AFRO, AMRO, EMRO, EURO, SEARO, WPRO), the country, and a chronologically assigned number (e.g. AFRO Angola-1). All the information obtained from the questionnaire filled in by each applicant is now entered into the database. Depending on the practice area indicated in the questionnaire, the applicants are assigned to categories (*community pharmacy, consultant pharmacists, drug information services, faculties & teaching institutions, hospital pharmacy, industrial pharmacy, professional organizations, students, other and unknown*). The database provides for further specification of practice area under fields of practice where terminology is not restricted. Three broad categories have been assigned for both Needs and Offers: “Books etc”, “Education etc” and “Other”. Twinning options include *national pharmacists association, faculty of pharmacy, hospital pharmacy, drug information centre, individual pharmacist and others*. All established links are also entered into the database.

Based on this information the database allows searches to be made on both providers and recipients using country of origin, category and field of practice, needs or offers, and links already established. The database has already proved its worth in establishing links of desired specificity. It is now simple, for instance, to put a Nigerian pharmacist established in the US in touch with a community pharmacist back home. One applicant has sought specifically and successfully to establish contact with a pharmacy school in Afghanistan, another has sought a school in the Ukraine as a partner.

## Statistical information

Origin of applicants: 334 applicants from 64 countries have registered thus far. 51% are resident in either Africa (34% or 113 of which 61 in Nigeria) or South East Asia (17% or 57 of which 39 in India). Of the remainder 23% live in the Americas (78 of which 62 in the USA), 17% (56) in Europe, 6% (19) in the Eastern Mediterranean and 3% (11) in the Western Pacific Regions. Overall potential recipients far outnumber providers. Not all people having expressed interest in Pharmabridge at one stage or another are actively participating. People no longer active are kept in the database but flagged as inactive.

Categories of applicants: As most applicants register on the website and practically all information relating to Pharmabridge is exchanged by e-mail, it is not surprising that almost half of all applicants work either in *faculties & teaching institutions* (86 or 26%) or *hospital pharmacy* (62 or 19%) where there is ready access to the Internet. Of the remaining applicants 30 (9%) are in *community pharmacy*, 18 (5%) in *industrial pharmacy*, 17 (5%) in *ministries of health* and 20 (6%) are *students*; 28 (8%) are from *professional organizations* (many from FIP) and the remaining 22% are *other and unknown*.

Needs and Offers: the category “Books etc” includes books, journals, CDs, exchange of information on specific topics etc. while “Education etc” includes faculty exchange, fellowships, training internships and short visits to various pharmacy settings. “Other” embraces everything else.

The most frequently expressed needs fall under the category “Books etc.” as almost all applicants from developing countries have such needs. In the “Education etc” category there are some 40 and 35 requests for fellowships and exchange programmes (mostly faculty) respectively and some 20 requests for specific on-site training or study visits to pharmacy practice settings, mainly relating to clinical pharmacy. The some 40 “Other” needs expressed include e.g. a request for second hand analytical equipment, information on the principles of eye drop production, support in combating counterfeit medicines, and in 13 cases a pharmacist contact address in a given country.

The most frequently made offers fall under “Books etc” with some 30 offering parties. Faculty exchange, advice on GMP, visiting lecturers, internships and accommodation each feature among the few “Education etc”-related offers from affluent countries. Examples of the few offers in the “Other” category from affluent countries are given below under *Linking needs/offers*. Most offers from developing countries are for participation in collaborative research, sharing data on local research and hosting visiting pharmacists/students (5 offers from Africa and 3 from Asia). Most applicants from developing countries have expressed interest in *twinning*, often ticking several of the options provided in the questionnaire.

### **Linking needs/offers:**

Inevitably, the main challenge is to link needs to offers. In the “Books etc” category this has been relatively successful. Indeed, book donations have been the backbone of Pharmabridge so far. The American Society of Health System Pharmacists (ASHP) offers every new applicant from a developing or transitional country a copy of the American Hospital Formulary Services (AHFS) Drug Information book and 250 copies of this book have additionally been offered to WHO for schools of medicine and pharmacy in Iraq. The ASHP has also donated 5000 copies of The Pharmacists Drug Handbook that have been sent in bulk to Kerala (3000 copies), Tamil Nadu (1000 copies), and West Africa (1000 copies). The recipients of these large bulk consignments were required to pay for transport. Other major donations include 10 sets of 5 reference books offered by the American Pharmacists Association (APhA) and 50 sets of 5 publications offered by the Merck company. Students of the School of Pharmacy of Ohio Northern University, USA are sending used books to Africa (Ethiopia and Zambia), to Jamaica, Afghanistan, Russia, India and Nepal. Recently, students from the Monash University here in Australia also expressed interest to support the project. A pharmacist in New Zealand is offering a CD on extemporaneous formulations, especially for pediatric use, to any interested Pharmabridge applicant. Some 10 applicants identified as potentially interested in this have been informed of the offer. The FIP secretariat and a dozen or so generous individuals are forwarding used journals and in some cases books. Glaxo in the US regularly sends 29 pharmacy and medical journals to a pharmacy school in Bangladesh. Book and journal donations are always greatly appreciated and the donors often receive enthusiastic thank you letters, like “it is like a dream come true”, or “it will make me a so much better pharmacist”.

Meeting educational needs is proving far more difficult. A number of potentially interested parties have been put into contact, but only a few requests have as yet been satisfied. Outstanding among these are two institutional links, respectively between the London school of Pharmacy and a school of pharmacy in Kerala (India), and between a university hospital in Wisconsin (US) and the Pharmacist Council in Bangalore (India). I hope that Tom Thielke’s highly positive report to this session will encourage others to follow his example. Regarding postgraduate training a pharmacist from India is organizing such training in the US under an assisted fellowship scheme. As regards opportunities to visit pharmacy practice settings, a

hospital pharmacist from Israel has obtained contacts for visiting hospital pharmacies in the Netherlands and the UK and, through the latter contact, an institutional link has been established. This success has been reported in a recent newsletter of the Hospital Pharmacy Section. Currently, a pharmacist from Nigeria is seeking contacts that will enable him to visit pharmacy settings in the UK, and two Indian pharmacists have been provided with contacts to visit pharmacy practice settings in Australia before or after the FIP Congress. Several pharmacists from the US are using Pharmabridge to identify potential contacts while travelling abroad. Thus far, some 20 linkages have been established between individuals for the exchange of information on specific topics, like compounding, drug abuse and prevention, oncology, pediatric pharmacy and telepharmacy.

To protect providers from unsolicited requests for support all links are initially established through the Pharmabridge coordinator. Once established, some partnership may develop well beyond the initial expectation. This must be regarded as success but it is important that the coordinator be kept informed so that a little influence can be brought to bear to encourage equitable distribution of the limited amount of support available.

### **Future activities**

The results that have already been obtained show that the concept of Pharmabridge has considerable potential. As the database expands it will become progressively easier to establish linkages of practical and lasting value. Additional uses for the database are bound to emerge. It will become possible to send out update information to specifically targeted interest groups, e.g. all people wanting to establish a drug information centre. It will also become possible to include an annotated e-mail address list of interested individuals and institutions on the Pharmabridge website. This will allow direct interaction without going through the coordinator. Access to this list will be protected and limited to people having registered with Pharmabridge. As there are no criteria for admission or rejection of registration with Pharmabridge (apart from the fact that it is essentially reserved for pharmacists) the protection of such a list will be somewhat limited. Yet the list will be useful to many participants, particularly from developing countries, who have expressed a desire to establish contacts with colleagues abroad. The most pressing need now is for active participation in Pharmabridge from more individuals and institutions prepared to give thought and time to the needs of colleagues in less developed countries.

### **Conclusions**

Many pharmacists from developing countries have already benefited from the project, particularly from the donation of books. More effort is needed to identify pharmacists in developed countries who are willing to support the project by offering institutional links and training opportunities. Once an e-mail address list becomes available on the Pharmabridge website pharmacists from all over the world can contact each other directly. This may well develop into a global pharmacist network. I would like to put on record that without the support of the FIP, the YPG, the CPA and in particular the ASHP the project could never have become viable. All our benefactors deserve our sincere thanks and recognition. But my thanks also go to all the individuals that have offered their support in one way or another. And, last but not least, if you have not already done so, you are invited to join Pharmabridge.