



**AIDS
Community**



Solution Exchange for AIDS COMMUNITY Consolidated Reply

Query: Role of Pharmacists in Responding to HIV, Advice

Compiled by [E. Mohamed Rafique](#), Resource Person and [Rituu B. Nanda](#), Research Associate
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From: V. Bhava Narayana, Pharmed Trade News, Hyderabad
Posted: 18 May 2007

Pharmed Trade News is a registered bilingual newspaper, which in 2004 reached 200,000 pharmacists across India on sponsorship. We wish to identify all organizations or individuals who can support our work of building capacity of Pharmacists. We are a partner of STOP-TB and actively participate in national ORS campaign.

Pharmacists are an important interface between the public and the medical community. In India, the unavailability of qualified doctors in smaller communities, leads the patient to approach chemists for treatment of many minor illnesses. Often it is the chemist who refers a patient to a specialist or a diagnostic center. This rapport makes pharmacists uniquely suited to advise and educate patients about their treatment. Despite a ban on Pharmacists prescribing drugs directly to patients, there has been considerable interest, in patients obtaining their specialist medications in HIV, STI, OI, DOTS and malaria in a community setting, for example at a local pharmacy, rather than having to attend a hospital or special clinic only for this purpose. Also pharmacists could play a role in rational drug management, detection of irregularities in prescriptions especially from quacks, Syndromic management of STI and patient education in treatment literacy, condom use as well as providing clean syringe and needles for IDUs. In this context, I request members to provide their views on:

- With a highly skewed doctor to population ratio, what is the significance of pharmacists in India?
 - Methods by which Pharmacists could play a greater role to enhance the response to HIV.
 - Difficulties in community Pharmacists directly dispensing highly specialized drugs for treatment of HIV, STI, DOTS, OI, and malaria.
 - How can we transform the education level and improve functional competency of the Pharmacists?
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Responses received, with thanks, from:

1. [Eric Goosby](#), Pangaea Global AIDS Foundation, USA
2. [Sunil Menon](#), SAHODARAN, Chennai

3. [N. Ramakrishnan](#), Ideosync Media Combine, Faridabad
4. [Amungwa Athanasius](#) Nche, United Nations Operations, Ivory Coast
5. [Indhu Sudhakaran](#), Consultant, Chennai
6. [Srikanth Tripathy](#), National AIDS Research Institute (NARI), Pune
7. [Avnish Jolly](#), Consultant, Chandigarh
8. [Swaminathan](#), Solidarity & Action Against the HIV Infection in India (SAATHI), Chennai.
9. Raja Solomon, SHADOWS, Chirala ([Response 1](#); [Response 2](#))
10. [Meenakshi Dikshit](#), Hindustan Latex Family Planning Promotion Trust (HLFPPT), Lucknow
11. [Pinaki Sensarma](#), Bhoruka Welfare Trust, Kolkata
12. [D. Gasper](#), Hopers Foundation, Chennai
13. [Thankaraj V.](#), Tata Tea Ltd., Munnar
14. [Ajithkumar K.](#), Medical College, Thrissur
15. [Mahendra](#), Karnataka Health Promotion Trust (KHPT), Bangalore
16. [Rajesh Gopal](#), Gujarat State AIDS Control Society, Ahmedabad
17. [Mokhethi Ranrhako](#), South African Men's Action Group (SAMAG), Germiston, South Africa
18. [Rajesh Chauhan](#), M. H. Baroda, Vadodara
19. [Uzodinma Adirije](#), Nigeria ART Study, Health Reform Foundation of Nigeria (HERFON), Abuja, Nigeria

Further contributions are welcome!

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Summary of Responses

HIV is a major threat to public health and it is therefore of great importance to involve pharmacists in the fight against HIV. Members discussed ways to strengthen the response of pharmacists to HIV highlighting the potential difficulties inherent in the process.

Health care in India is unable to keep up with the increasing demands of the HIV pandemic because of lack of resources, low doctor-to-population ratio and poor access. Moreover, the importance of Pharmacists in the healthcare sector is underestimated, members observed. Nonetheless, Pharmacists can make unique contributions in areas such as outcome of drug therapy, the patients' quality of life, and public health. They are more accessible to the people particularly in the semi-urban and rural settings. In the rural PHC and CHC, Pharmacists function as DOTS supervisors and sometimes dispense medicines in the absence of the Medical officers.

The discussion focused on the means to utilize the pharmacist for HIV prevention, referral, management, and treatment. Pharmacists could play a major role in ensuring that People Living with HIV (PLHIV) are taking the right HIV medication, in proper dosage and adhering to their regimen. In the ART programs, pharmacists could also look out for HIV drug resistance, identify side effects and drug-drug interactions, as well as manage long-term side effects. Interventions in [India](#) and [England and Wales](#) have highlighted these roles of the pharmacist in the national health programme.

Discussants anticipated consistent compliance with HIV treatment regimes as an issue of major importance. Failures in compliance limit the future effectiveness of ARV medication. Therefore, one of the reasons that members advocated pharmacy dispensing, was that hospitals operate for limited hours. In this manner, hospitals represent a barrier to consistent compliance and leads to involuntary 'drug holidays'.

Respondents compared the feasibility of the pharmacist dispensing drugs for treatment of HIV with that of establishing a hospital in the community for this purpose. The potential advantages of dispensing through local pharmacies are access to medication outside normal business hours, access in a more informal environment, privacy, and reduced travel and waiting time. Moreover, patients who have reservations consulting a qualified doctor due to the stigma associated with HIV may not feel so with a pharmacist.

Pharmacy dispensing is particularly beneficial for employed people or people in poor health or those with a mobility problem. Citing the experience in [Australia](#), respondents said, patients obtained all medication at one location with improved compliance. However, members expressed reservations about the knowledge and skill level of pharmacists in HIV medication. In addition, pharmacists might not provide adequate privacy and confidentiality. Members suggested two broad possibilities one in which pharmacies operate as extensions of an existing hospital service, and another in which pharmacies operate independently.

Mostly chemists give their own advice, advocate home remedies, and refer people to quacks without knowing the consequences of their referrals. The Pharmacist can be a counsellor, discussants suggested, as well as a health educator who must be able to promote an increase in the age of sexual debut, safe sex, HIV testing and the like. Pharmacists must be involved in research including clinical trials and routine surveillance. However, Pharmacists must ensure the protection of patients' rights in clinical trials and throughout therapy.

Trainings regarding behaviour change communication for HIV prevention suggest that many chemists have issues with distributing condoms and contraceptives, especially to women, as nearly all Indian chemists are men. Moreover, to find generic variants of drugs and suggest alternatives Pharmacists though licensed, lack training. Therefore, members advised the need to first break through inhibitions before beginning the training of chemists. They suggested a two-step training process that first orients them to HIV, stigma, discrimination, and other similar dimensions of HIV. The second step would address their responsibilities as support for the country's medical infrastructure, observation, basic counselling techniques, and the process of establishing referral networks.

The training and sensitization of chemists, respondents pointed out, would be a huge step in creating an efficient network of trained personnel working on the issue. Training of all the Pharmacists in a geographical area leads to easy expansion of Syndromic Case Management, DOTS supervision, DOT Providers, Condom dispensing and distribution as well as Social Marketing of condoms. Subsequently, monitoring them after building their capacities is vital.

[International Pharmaceutical Federation](#) has taken up a number of initiatives like methodically outlining the role of the pharmacist in the fight against HIV through a joint statement with the WHO in 1997. The WHO is also preparing training materials for Pharmacists. Besides, there is an [online network](#) for pharmacists interested in and working on HIV.

The Pharmacist cannot be alone in the fight against HIV, respondents emphasized. HIV based on its complexity, requires a multidisciplinary and multi-sector approach. The pharmacist must be a strong link in providing health care to the community. Doctors and pharmacists are

complementary to one another. Accordingly, efforts to improve the physician-pharmacist relationship only improve the synchronization within the health care team.

Pharmacists' roles have to be clearly delineated and defined. Pharmacists must be responsible as well as accountable for the omissions and commissions as the doctors are. Created thus is an additional resource in the form of well-trained pharmacists who are revalidated frequently for their knowledge and skills. Hence, they become equally responsive, accountable, and responsible, while maintaining the highest levels of ethics and morality. This will boost the service-seeking behaviour and so the medical system can only grow stronger.

Finally, there is always much to learn for a non-professional, the pharmacist, and the doctor, from magazines like the 'Pharmacist'. Members also applauded that the Pharmacy Council of India has recently approved a two-year course to upgrade the diploma pharmacy degree.

Comparative Experiences

Delhi

Training of chemists on HIV issues (*from Raja Solomon, SHADOWS, Chirala, [response 1](#)*)

The Community Pharmacy Section of FIP and the Indian Pharmaceutical Association has organised free training of pharmacists in small groups on weekends at convenient times on Prevention, Information, Counselling, IDU, Blood, Diagnostic tests, ARVs, Quality Control, Storage, and Therapy cost. Through a structured approach, Indian Pharmaceutical Association has trained 25 trainers, and 300 pharmacy students and in-service pharmacists in Delhi. The intervention has motivated pharmacists to participate in similar national programmes, sensitised leaders and sought collaboration with medical professionals NGOs, and NACO.

From Rituu B Nanda, Research Associate

USA

Adherence support

Chase Brexton health services run an adherence programme for HIV positive. The health team assesses the readiness of the patients to take medicines as well the barriers to adherence. The nurse sets up the medication schedule for the patient. The pharmacy keeps a track of medicine pick-up-dates, ensures that patients get their blood tests done, and reminds the patients of medicine pick up. When the patient does not require close monitoring, he or she is graduated from the adherence programme. Some patients who need a long-term treatment join a support group 'Club Med'.

Australia

Community Pharmacist

Department of Health in 2002 supported a pilot program in Sydney, whereby PLHIV registered through a medical practitioner to obtain their HIV medication, for a limited period, through one of five designated pharmacies. Twelve pharmacists attended a special training to familiarise on HIV issues. The audit provisions required the pharmacists to provide documentation on their dispensing of HIV medication. In spite of initial teething problems, the project showed a very high level of client acceptance. Majority of clients preferred the pharmacy in relation to opening hours, waiting time, overall quality of service, and travel time.

Related Resources

Recommended Documentation

FIP/WHO Training Modules in HIV/AIDS (from [Sunil Menon](#), SAHODARAN, Chennai)
http://hiv aids.fip.org/website/eng/index.php?module=pagemaster&PAGE_user_op=view_page&PAGE_id=5&MMN_position=9:9

Contains training materials, which target a variety of audiences including pharmacists with the aim to promote HIV prevention

Role of community pharmacies in relation to HIV prevention and drug misuse: findings from the 1995 national survey in England and Wales (from [Swaminathan](#), SAATHI, Karur district)

By Janie Sheridan; BMJ 1996; 313:272-274 (3 August) General practice

<http://www.bmj.com/cgi/content/full/313/7052/272>

The article illustrates the critical role of pharmacists in England and Wales in preventing HIV among Injecting Drug Users

From Raja Solomon, SHADOWS, Chirala, [response 1](#)

Guiding Principles for Pharmacists in the Fight against HIV/AIDS in India

By Sheth P *et al*; Indian Pharmaceutical Association

<http://mednet3.who.int/icium/icium2004/resources/ppt/HI006.pdf> (Size: 586 KB)

Supports the involvement of pharmacists in HIV prevention stressing on training them on issues related to HIV during graduation and after it

Redefining the role of pharmacists

By D A Gundu Rao; 02 December, 2004

<http://www.pharmabiz.com/article/detnews.asp?articleid=24975§ionid=50>

Stresses the need to train the pharmacists on issues like HIV and update their knowledge for effective treatment and awareness on HIV

Spain to review role of pharmacists in chronic disease management (from [Thankaraj V.](#), Tata Tea Ltd., Munnar)

By Xavier Bosch, British Medical Journal; 15 May 1999

<http://www.bmj.com/cgi/content/full/318/7194/1308/b>

Discusses that doctors' organisations are opposing the move to greater participation of pharmacies in the management of chronic diseases

From Raja Solomon, SHADOWS, Chirala, [response 2](#)

Improving the prevention and treatment of HIV/AIDS through pharmacist interventions

Reviewed by Diane L Gal; Interantional Network for Pharmacists on HIV/AIDS; September 2004

<http://hiv aids.fip.org/website/eng/literature/HIVAIDS%20Review.pdf> (Size: 265 KB)

Focuses on assessing the effectiveness and cost-effectiveness of pharmacist or pharmacy-based interventions related to improving the prevention or treatment of HIV

The Role of the Pharmacist in the Management of HIV/AIDS, TB and STIs

South African Pharmacy Council; September 2003

<http://www.pharmcouncil.co.za/documents/Position%20paper.pdf> (Size: 118 KB)

In the discussion of HIV policies of South Africa stresses on the critical role of pharmacists in treatment, care, support and prevention of HIV

The potential of a health professional: The pharmacist - a neglected workforce?

Bulletin von Medicus Mundi Schweiz Nr. 104, Mai 2007

http://www.medicusmundi.ch/mms/services/bulletin/bulletin104_2007/chapter0705169691/bulletinarticle0705168285.html

Demonstrates the value of pharmacists for improving patient outcomes and medication use in both the community and clinical settings especially in HIV

The role of the pharmacist in the prevention and management of HIV/AIDS: an exploratory study of the establishment of AIDS Resource Centres in pharmacies (from Rituu B Nanda, Research Associate)

By L. Gilbert; International Journal of Pharmacy Practice, Vol. 13, 2005

<http://www.cababstractsplus.org/google/abstract.asp?AcNo=20053093997>

Emphasises on honing the skills, communication, and HIV knowledge of pharmacists for effective HIV prevention programs

Recommended Organizations

Indian Pharmaceutical Association (from Raja Solomon, SHADOWS, Chirala, [response 1](#))

Kalina, Santacruz (E), Mumbai - 400 098; Tel: 91-22-2667 1072

<http://www.ipapharma.org/mission.asp>

National professional body of pharmacists engaged in training, research, publications, and conferences for promoting the cause of pharmacists

From Rituu B Nanda, Research Associate

International Pharmaceutical Federation (FIP)

Andries Bickerweg 5, 2517 JP The Hague, The Netherlands; Tel.: +31-70-3021970; fip@fip.org;

http://www.fip.org/www2/subsections/index.php?page=menu_hiv aids

Federation of national pharmaceutical associations, with a mission to represent and serve pharmacy and pharmaceutical sciences and looks at issues like HIV

Chase Brexton Health Services

1001 Cathedral Street, Baltimore, MD 21201; Tel: 410-837-2050;

http://www.chasebrexton.org/index.php?option=com_content&task=view&id=22&Itemid=51

Providers of patient-centered interdisciplinary health care for diverse communities including those who are HIV infected and face barriers accessing quality health care

Recommended Portals and Information Bases

The International Network for Pharmacists on HIV/AIDS (from Rituu B Nanda, Research Associate)

http://hiv aids.fip.org/website/eng/index.php?&MMN_position=1:1

Contains training guidelines, practice resources and important organization contacts to help pharmacists to take on a larger role in their communities in the fight against HIV

Responses in Full

Eric Goosby, Pangaea Global AIDS Foundation, USA

The role of the pharmacist is one that is most often underutilized. The training the pharmacist has had lends itself to a relatively easy expansion into syndromic management of disease or

more appropriately into diagnosis and treatment of disease where physical assessment is not a critical contributor. Their role can include an outreach and a treatment component. Outreach is characterized by aggressive testing of patients who perceive themselves as being at high risk and their contacts. This is best done in a private area set aside in the pharmacy where confidential questions etc can be performed without disruption. The use of rapid testing is best with immediate (24h) referral into medical care. Concern around suicidal reactions on part of patients who receive bad test results must be planned for, with peer counseling and or professional referrals that are available quickly. The second area is in adherence counseling for patients already on HAART focused on antiretroviral medications, side effect identification (short term) and management of long term side effects. The final area is in identification and management of drug-drug interactions in dialogue with the patients' primary medical provider.

Sunil Menon, SAHODARAN, Chennai

http://hivaid.fip.org/website/eng/index.php?module=pagemaster&PAGE_user_op=view_page&PAGE_id=5&MMN_position=9:9 is a webpage of the International Network of Pharmacists on HIV/AIDS. The first section on this page contains: **FIP/WHO Training Modules in HIV/AIDS**. The Training materials are being prepared through collaboration between FIP and WHO on the "PHARMACISTS AS A KEY FOR PREVENTION AND AS PROVIDERS OF PHARMACEUTICAL CARE FOR PEOPLE LIVING WITH HIV" project. These training materials target a variety of audiences with the aim to promote prevention, improve safe sexual behaviour, promote risk reduction, improve proper treatment and provide pharmaceutical care in the community. Three modules have been prepared and are available here in draft form, including:

- A module that highlights the pharmacist's roles in preventing the transmission of HIV/AIDS [PDF 1050KB]
- A module that addresses the roles of the pharmacist with regard to the safe and effective use of antiretroviral therapies, HIV opportunistic infection drugs and palliative care [PDF 4700KB]
- A module that specifically focuses on the roles of the pharmacist in HIV/AIDS prevention among illicit IV drug users [PDF 1350KB]

The materials produced are being reviewed and will be field tested and approved by the participating organizations before full dissemination and implementation worldwide. Your comments on these documents are appreciated and can be sent to hivaid.fip.org

N. Ramakrishnan, Ideosync Media Combine, Faridabad

The discussion of how to utilize the pharmacist or chemist within the larger question of HIV infection prevention, referral, management, and treatment is a laudable one. The training and sensitization of chemists in the Indian context - where, as V. Bhava Narayana points out, the chemist or dispensary-wallah is actually the first and sometimes the only interface for many people seeking treatment for a variety of illnesses - would be a huge step in creating an efficient network of trained personnel working on the issue. However, it is important to note at what level the training has to begin at. It would be a mistake to assume that pharmacists, chemists - by virtue of being de-facto extensions of the medical support infrastructure - are already at even a basic level of understanding regarding the medico-social-cultural impact of HIV.

Our trainings regarding behaviour change communication for HIV prevention - which, unfortunately, haven't included as many chemists as one might like - suggest that many chemists still have huge issues with:

- Distributing condoms and contraceptives, especially to women as nearly all Indian chemists are men;
- Are adept at finding generic variants of many drugs in order to suggest alternatives to prescribed medications - often with reference to industry publications like Drugs Today - but more from a I-can't-turn-a-paying-customer-away point of view than from an understanding of the drug and its uses;
- Are licensed, but are often not trained in any formal sense of the word as many chemists shops - like many other shops run by the trading community - are family businesses passed on from generation to generation.

Many of the people whom we train - NGO personnel, school teachers working with young people, community opinion leaders - have never personally bought a condom even if they often have an understanding of condoms as a HIV prevention measure. Consequently, as we often give the participants 'homework' where they are encouraged to buy a condom from a chemist at an unfamiliar chemist shop, and report on their own feelings and the observed attitude of the chemist at that shop. The responses we get nearly always suggests a hesitation in using the word 'condoms' or any of its generic/brand variants; a judgmental, considering look as if wondering why the customer is buying them, especially if it is a woman, and much more so if the person is buying the condom in the MORNING on the way to the workshop! Moreover, there is an inability to hand the condoms in full view over the counter without first wrapping them in black polythene or newspaper, which is a practice also followed by many chemists with sanitary napkins.

While the last behaviour is, undoubtedly, linked to the attitudes of the other customers usually present in the shop, overall, I would suggest that we need to first train chemists as normal members of the communities they are a part of, and break through these basic inhibitions and reservations before we start training them as chemists. This will therefore be a longer process than would first appear. I would suggest a two-step training process that first orients them to HIV, its causes, treatment, stigma & discrimination, and the moral/ethical/social dimensions of HIV. The second step would then take up the questions of their responsibilities as support infrastructure for the country's medical infrastructure, observation, basic counselling techniques, an understanding of the treatment process and its pharmacological underpinnings, and the process of establishing referral networks. The follow up would be to carry out a qualitative or action research process where the trained chemist himself or herself is encouraged to keep a diary or send in regular field notes that reflect their experiences post-training.

Amungwa Athanasius Nche, United Nations Operations, Ivory Coast

This is a very good initiative as global HIV mainstreaming has become the cornerstone of HIV prevention, care, treatment and support. It is a good and compulsory strategy that Pharmacist being in the frontline of client and patient education be systematically trained to provide HIV and ARV awareness, so that they may never miss any opportunity of reinforcing treatment adherence.

Indhu Sudhakaran, Consultant, Chennai

Pharmacists play a vital role in HIV Intervention. Since Pharmacists are the tertiary group, they are in need to be supplementing intervention activities. So, they need to be actively involved.

APAC, Chennai conducts training for the Pharmacists through their CETC Centers and mostly all the Pharmacists in the Intervention area are fully trained. APAC has also got a training module exclusively for the group. This training has indeed been very useful in the intervention process.

Dr. Srikanth Tripathy, National AIDS Research Institute (NARI), Pune

Pharmacists could play a major role in ensuring that HIV infected subjects are taking the right HIV medications, the proper dosages of each drug and are adhering to their regimen. They could be more involved in the ART programs in developing countries and could be given adequate information about HIV drug resistance. This may help to reduce onset of anti-HIV drug resistance.

Treating drug resistant HIV is more expensive and difficult in the developing country setting, where drug resistance testing is not easily available and the second line drugs not provided by the free ART program.

Dr. Avnish Jolly, Consultant, Chandigarh

Pharmacists need regular training and orientation badly. Mostly field workers, DOT providers and chemists starts giving advice on their own. They also advocate home remedies and refer people to faith healers without the basic education and thinking about the consequences of their referrals. Strict policy action is required under observation.

Really, this is a very important issue. How can we train and develop them in the right direction so that they could be effective in care and support to PLHIV and their family members. We ought to remember that HIV care needs the latest information and this army of front line workers don't have access to it. Even with the SACSs giving regular trainings at different levels it remains to see how effective these trainings are. Monitoring them after building their capacities is vital to what we are implementing. Periodical test or examination for increments may be a useful tool.

Swaminathan, SAATHI, Karur district

A full article published at <http://www.bmj.com/cgi/content/full/313/7052/272> the abstract alone of which is appended shows the role Pharmacists play in England and Wales in preventing HIV among IDUs.

BMJ 1996;313:272-274 (3 August) General practice

Role of community pharmacies in relation to HIV prevention and drug misuse: findings from the 1995 national survey in England and Wales

Janie Sheridan, research pharmacist, a John Strang, professor of the addictions, a Nick Barber, professor of the practice of pharmacy, b Alan Glanz, lecturer

a National Addiction Centre, Institute of Psychiatry and Maudsley Hospital, London SE5 8AF, b Centre for Pharmacy Practice, School of Pharmacy, London WC1N 1AX

Correspondence to: Dr Sheridan.

Abstract

Objectives: To establish activity levels of community (high street) pharmacies in the provision of HIV prevention services to drug users and to compare these findings with the levels identified in 1988.

Design: Self completion questionnaire (four mailings) to a random 1 in 4 sample of all community pharmacies, stratified by family health services authority.

Setting: England and Wales.

Subjects: Data provided by pharmacist in charge of the dispensary, on service provision at the pharmacy.

Main outcome measures: Quantitative reports of current activity levels for (a) dispensing of controlled drugs to drug users, (b) sale of needles and syringes, (c) needle and syringe exchange.

Results: 74.8% response rate (1984/2654). In 1995, 50.1% (992/1980) of pharmacies were dispensing controlled drugs (mostly methadone), compared with 23.0% (562/2457) in 1988; 34.5% (677/1962) of pharmacies were selling injecting equipment, compared with 28.0% (676/2434) in 1988; 18.9% (366/1937) were providing a needle exchange service, compared with 3.0% (65/2415) in 1988.

Conclusion: Activity levels increased substantially across all three service areas. Increased activity included greater individual activity as well as higher proportions of pharmacies participating. The network of community pharmacies represents an underused point of contact for this Health of the Nation target population.

Key messages:

- Many communities pharmacies have a role in providing HIV prevention services for injecting drug users-such as dispensing controlled drugs on prescription, selling injecting equipment, and operating needle exchange schemes
- Since 1988 the proportion of pharmacies dispensing prescribed controlled drugs has doubled, and the proportion taking part in needle exchange schemes has increased six fold
- A large reservoir of untapped potential still exists among community pharmacists
- The community pharmacist has a high level of contact with often "hard to reach" drug users; the potential for maximizing such contacts should be explored

Raja Solomon, SHADOWS, Chirala (*response 1*)

The Pharmacist is a strong health stakeholder whom we often forgotten to sensitize. They have a potential edge over the other stakeholder for prevention issues also. In their pharmacies IEC materials can be displayed. However, we know that few of the pharmacists are commercial and have linkages with Doctors by providing percentage commissions or cuts. We must stem this rot. This must be taken up in their capacity building. Already existing structures of capacity building must be looked into. Otherwise, sensitive and isolated occurrence of practices requiring correction can be dealt in isolation. A horizontal approach is needed. We can work on advocacy with drug inspectors to make certain signs mandatory which has to be displayed in the shops. Please see the following links:

<http://mednet3.who.int/icium/icium2004/resources/ppt/HI006.pdf>

<http://www.pharmabiz.com/article/detnews.asp?articleid=24975§ionid=50>

Meenakshi Dikshit, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Lucknow

Being attached with a huge program like HIV it is beneficial to have Pharmacists as key stakeholders. I can endorse that Pharmacist play an important role in Health care programs and this community can be used in similar fashion in the fight against HIV also. We have already examples of Pharmacists making impact in promoting Oral Rehydration Solution (ORS), Oral Contraceptives and other Health care campaigns. It is a good idea to build the capacity and

sensitize this section of the health care community, we all must think to find ways to make it workable. Please see if this link helps you:

http://hivaid.s.fip.org/website/eng/literature/2004_hiv_parrot.pdf

I would like to have the details regarding Pharmed Trade News.

Pinaki Sensarma, Bhoruka Welfare Trust, Kolkata

I am Dr. Pinaki Sensarma. Pharmacists have a bigger role to play. Pharmacists are link person between physician and patients. So ensuring delivery of drugs is also their responsibility. Additionally, I must say they must ensure in country like India they must ensure clients do not get trapped by so called "quacks". Could they build capacity of their clients in turn? The link http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf is on pharmacists' role in patient care and could be relevant.

D. Gasper, Hopers Foundation, Chennai

Greeting from hopers foundation, we thank you all for the query and suggestions given. FHI has put up their experience from Nepal on Syndromic Management at the link: <http://www.fhi.org/NR/rdonlyres/eyibaax34sq7aajb2pgrl4kpn23yma4q3w3sejvz372vxsz37fxr2yz2qxst5zbigqvs6j57yk3mva/BestPracticesCase18.pdf>

Thankaraj V., Tata Tea Ltd., Munnar

There is hardly any participation from the Medical Doctors on this query. Could it be that they fear that their business would be affected if pharmacists take on additional roles in patient education, adherence, treatment literacy and the like? Please see this article from BMJ at: <http://www.bmj.com/cgi/content/full/318/7194/1308/b>

Dr. Ajithkumar K., Medical College, Thrissur

I am sorry to say that this comment on our doctors especially those work in HIV field, may not stand true as the article is about General Practitioners working in Health. HIV in India is not a good area for 'business' in modern medical care. I am a medical doctor and I can say that I did not respond to this query because of my ignorance in the area. It is an area which is to be debated not only the role of pharmacist but many other specialists and non specialists in the health care area. Health is more than clinical medicine and medical science. However, our system needs to adjust a lot and evolve a lot to accept this; especially the health care delivery system. So, please do not see things just as business. A medical doctor's life is much more than that even though many out side the medical fraternity see them as business men who can be used to solve their problem. Notwithstanding, yes, you were helpful in such a way that you could stimulate a medical doctor like me to respond, I hope that is what you wanted.

Dr. Mahendra, Karnataka Health Promotion Trust (KHPT), Bangalore

Pharmacists are under utilized in the response to the HIV epidemic and in the mainstreaming of the response strategies in the present situation. Their role at present can be modified as they are more accessible to the people particularly in the semi-urban and rural settings. Also not to forget

that in the rural PHC and CHC they function as DOT supervisors and sometimes or many times are dispensing the medicines in the absence of the Medical officers in the PHC.

Training of all the Pharmacists in a geographical area leads to easy expansion of Syndromic Case Management, DOTS supervision, DOT Providers, Condom dispensing and distribution as well as Social marketing of Flavoured Condoms and Female Condoms. He or she can contribute much to the program in the way of referral's to VCTC, STI clinic and the microscopic centers or TB centers. Even in the Government setting the pharmacists may play a important role in forming the link between the Medical officer and the Community.

Over-the-counter dispensing of drugs for the symptom management of the people can be minimized by training and sensitizing about their role in prevention of HIV, STI, drug resistance of TB, STI and mismanagement of STI. Many of the minor ailments are treated by the chemists over-the-counter, more so in the rural setting and these provide an opportunity for Pharmacists to give advice and BCC activities. However, unfortunately IEC and BCC training and sensitization is not done to the chemists especially those in the PHC settings. They are even not clear about the message to be given to the people about these diseases and conditions.

The message to the Pharmacists should be clear namely, stop giving their own advice and medicines.

Raja Solomon, SHADOWS, Chirala (*response 2*)

Regarding the question whether Pharmacists are encroaching into the traditional medical areas of treatment education, adherence, and the like, I feel that if done in an ethical manner, it will boost the service seeking behaviour and hence the medical system can only grow stronger. We must remember that it is not a question of dividing the clientele but of serving the un-served. The few resources quoted could provide guidance:

- At http://hivaids.fip.org/website/eng/index.php?module=pagemaster&PAGE_user_op=view_page&PAGE_id=8 is an article called, '**Pharmacist interventions and HIV/AIDS**'
- <http://www.pharmcouncil.co.za/documents/Position%20paper.pdf> is a position paper called, '**The Role of the Pharmacist in the Management of HIV/AIDS, TB and STIs**'
- http://www.medicusmundi.ch/mms/services/bulletin/bulletin104_2007/chapter0705169691/bulletinarticle0705168285.html is a web page with an article entitled, '**The potential of a health professional: The pharmacist - a neglected workforce?**'

Dr. Rajesh Gopal, Gujarat State AIDS Control Society (GSACS), Ahmedabad

Mr. Raja Solomon must be thanked for sharing the valuable resources about the same. I fully endorse his views that "*If done in an ethical manner, it will boost the service seeking behaviour and hence the medical system can only grow stronger.*" We need to start working on the identified activities which may be directly facilitated by the pharmacists like:

- Adherence to ART,
- Completion of the Syndromic Case Management,
- Provide health promotion materials on safe sex, HIV, other IEC materials,
- Promotion and provision of condoms,
- Offer community resource contacts, ensuring continuity of care for PLHIV,
- Educating pharmacy students,
- Assisting patients gain access to medications,
- Facilitating practical and affordable strategies for ensuring prevention of mother to child transmission of HIV,

- Setting up and working at HIV Treatment information centers,
- Performing pharmaco-economic and pharmacokinetic research related to AIDS treatment in association with the teaching hospitals and research organizations.

It can be easily ensured that the directed efforts will strengthen the healthcare in general and are bound to facilitate concerted action for the containment of HIV in particular.

Mokhethi Ranrhako, South African Men's Action Group (SAMAG), Germiston, South Africa.

I have been reading all your mails about pharmacists and I have realized that more focus is on pharmacists and wish when we discuss about HIV medication we would look into it broadly based on the material conditions of respective continents and countries. I am an African and as an African I cannot talk about Pharmacists in isolation of herbalist as about 80% in South Africa where I am living are consulting traditional health practitioners. So I would like us to broaden our discourse into looking into traditional modalities as this will also assists me on my participation in the upcoming South African AIDS Conference.

Dr. Rajesh Chauhan, M. H. Baroda, Vadodara

Mr. Bhava Narayana has indeed raised certain pertinent aspects regarding the role and scope of Pharmacists. Undeniably it needs more deliberation, and in the right spirit. This deliberation must take into consideration the prevailing scenario and the outlook, in India as well as other developing countries. As such pharmacists are more than willing to help, that's for sure. However, how far can the medical profession allow them to go ahead in their zeal to 'lend a helping hand' with the ultimate goal of better patient care and outcome, is the question. Notwithstanding, and as a matter of convenience, opinions and answers from pharmacists are regularly being sought in the rural areas and even in the semi-urban areas, where qualified doctors are scarce and even when they are around. Even in the cities and metropolitan areas, costs of consultation with doctors are getting somewhat exorbitant. Moreover, it requires a special attempt for getting one. On the other hand, for a trivial problem a friendly pharmacist is expected to provide ready and simple answers as it usually comes free.

Doctors and pharmacists are complementary to one another. However, in the scenario of poor access to doctors, qualified nurses and pharmacists would be expected by the general population to step in to fill the void. This could be true for other parts of the developing world as well, as it is in India. So, how long are we going to wait before starting a dialogue on what Mr. Bhava Narayana is suggesting? Yes, there are problems which can easily be foreseen now and many would arise when the dialogue starts taking shape or once we put it into action. As far as HIV is concerned, the problem lies more with the stigma. Patients may have reservations for even talking about it, let alone visit a qualified doctor for consultation.

Mr. Raja Solomon has provided more details and links to the role a pharmacist can play. To begin with, their roles and requirement can be worked out on the need basis. Pharmacists have to come forward with their proposals and about establishment of a governing body which would be entrusted to maintain ethics and morality. It can surely be worked out that the pharmacists do not attempt or seemingly step on doctors' toes or infringing their role. Pharmacists' roles have to be clearly delineated and defined, and they must also be made responsible as well as accountable for the omissions and commissions as the doctors are. With proper checks and balances, additional resource can be created in the form of well-trained pharmacists, who are

revalidated frequently for their knowledge and skills, and who are equally responsive, accountable and responsible, while maintaining the highest levels of ethics and morality.

Finally, there is always so much to learn not only by a lay man and the pharmacist, but even for a doctor, from magazines like the "Pharmacist". I have had a chance of going through a few of his publications and I was impressed at the simplicity and style of his news letter that comes out in different languages. Even difficult medical topics were handled with ease and explained without using the typical medical jargon. It's a nice beginning and it could turn out to be a widely accepted publication by the masses. I sincerely wish that magazines and news letters like the 'Pharmacist' are provided whatever assistance could easily be granted.

Dr. Uzodinma Adirieje, Nigeria ART Study, Health Reform Foundation of Nigeria (HERFON), Abuja, Nigeria

The main roles of pharmacists in responding to HIV may include:

- Ensure that appropriate drugs are regularly in stock for the patients. These include various approved ARVs and medicines for opportunistic and related infections
 - Ensure that all drugs are dispensed as prescribed
 - Educate the patients and those who care for them on the appropriate use of the drugs, possible and anticipated side-effects, and management strategies for them
 - Provide stakeholders, patients and carers with clear and concise information on drug-related interventions including demand creation, drugs productions and storage.
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Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at aids-se@solutionexchange-un.net.in with the subject heading 'Re:[aids-se] Query: Role of Pharmacists in Responding to HIV, Advice Additional Reply'

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