

Essential Drugs & Medicines Policy

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Access to quality essential medicines is the right of every patient.

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National Consultative Meetings on Promoting Ethical Practices in Medicines Registration and Procurement in the Lao People's Democratic Republic and Mongolia



ational consultative meetings on Promoting Ethical Practices in Medicines Registration, Selection and Procurement were held in Vientiane, Lao People's Democratic Republic and in Ulaanbaatar,

Mongolia, in January 2006 and September 2006 respectively, to discuss the results of the assessment of ethical practices in the pharmaceutical sector, namely in medicines registration, selection, procurement, inspection and promotion earlier carried out in these countries. The Lao meeting was attended by officers from central and provincial levels from different departments and institutions within and outside the Ministry of Health.

The meetings were very useful for obtaining important information on moral values and ethical principles, which can be applied into the work. The participants agreed also to carry out the following: (1) a team should be established to finalize and take responsibility for the development of an ethical framework; (2) the core values, ethical principles and administrative procedures in relation to each function that was discussed in the workshop should be used as the basis for development; (3) WHO draft global ethical infrastructure for good governance in the pharmaceutical sector should also be used as a

reference or model for development; and (4) form the next plan of action for the implementation of ethical infrastructure.

In his opening speech, Dr Jargalsaikhan, Director of Policy and Coordination Department of the Ministry of Health, Mongolia, mentioned that the Mongolian Government was taking necessary action against corruption, since the approval of the anti-corruption

law in 1996 with its national programme to fight corruption, but the enforcement of the law and the implementation of the programme were inadequate.

In 2005, Mongolia joined the United Nations anti-corruption convention. Suggestions were made for action to the Ministry of Health in the five areas studied namely registration, inspection of establishments, control of drug promotion, selection of essential medicines and procurement. ■

Second Biregional Workshop on Promoting Ethical Practices in Medicines Registration and Procurement (Manila, Philippines, 14-16 June 2006)

Representatives from the project countries such as Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, Philippines and Thailand met in Manila from 14–16 June 2006, to discuss the results of the assessment in their respective countries, share experiences in the development of national ethical infrastructure and review the draft global ethical infrastructure for good governance in the pharmaceutical sector.

The workshop participants emphasized the importance of sectoral approach in developing and socializing national ethical infrastructure and to be part of national initiatives in promoting good governance.

Socializing ethical infrastructure for good governance in the pharmaceutical sector should be undertaken with pragmatic actions to change the behaviour of the officials involved.

The workshop urged WHO, in collaboration with partner organizations, to continue its support for promoting good governance in the pharmaceutical sector; developing national ethical infrastructure and code of conduct for good governance and facilitating the creation of network for promoting ethical practices in medicine regulation and procurement in the Asia Pacific region. At the country level, it was

recommended that the participating countries should develop and adopt an ethical infrastructure, socialize through various pragmatic strategies, and promote good governance in the pharmaceutical sector to be part of the national initiative for good governance. ■

Measuring Transparency in Medicines Registration, Selection and Procurement Four Country Assessment Studies



<http://www.who.int/medicines/areas/policy/goodgovernance/Transparency4CountryStudy>

Brunei Darussalam Developing National Medicines Policy

As an integral part of the National Health Care Plan 2000–2010, the Department of Pharmaceutical Services has developed its “action plan”. Among other areas, this plan covers regulation of medicines and development of guidelines, protocols or standard operating procedures for all major areas of pharmaceutical services.

Regulation of medicines is progressing well but needs legal support through approved Medicines Order and Rules which are not yet finalized. Although a system for selection of medicines based on safety, efficacy and cost-effectiveness is in place, the National Standard Drug List contains quite a large number of items. Many of these medicines are only to be used

by specialists. Brunei Darussalam seems to pay high prices for medicines because new and expensive branded products are being selected, in particular cardiovascular drugs and antihyperlipidaemic agents, antidiabetic agents, and biotechnologically derived agents used in cancer and rheumatology. An analysis of medicines expenditure and ways to reduce costs as well as studies on medicines prices would be useful. By improving the medicine supply management system, cost savings may be achieved.

Brunei Darussalam would benefit from developing a national medicines policy based on an assessment of the pharmaceutical sector which will be the basis for strategies and an implementation plan. Realizing this, the Ministry of Health has initiated action to develop the national medicines policy. ■

Medicines Regulatory Awareness and Training Meeting in Solomon Islands



A two-day Regulatory Awareness and Training Meeting was held in Honiara, 3 July 2006 to create awareness and increase the involvement of stakeholders in developing appropriate medicines regulatory capacity in Solomon Islands. A broad range of stakeholders in health and other government organizations, such as policy and planning, legal, police customs, the private sector, as well as nongovernmental and consumer groups, attended the meeting.

The participants discussed the current national medicines policy and the results of the Level II pharmaceutical survey. It also discussed the medicines regulatory systems assessment and impact of TRIPs provisions and flexibilities on access to

essential medicines. Through various group work and discussions several issues were identified and recommendations made to strengthening the medicines regulatory system and thus improving access to quality, safety and efficacy of medicines.

Recommendations included:

The importance of strengthening Solomon Islands medicines regulatory systems so as to have good medicines governance; a secure medicines regulatory system; re-drafting the national medicines policy and commencing coordinated efforts to research and promote traditional medicine practice by supporting the creation of a traditional medicines national council.

The country was one of the first to adopt an essential medicines list since WHO introduced the concept in 1977. The Government approved the national drug policy in 2002. A review of the Solomon Islands National Drug Policy is being planned and it is due to be presented for a consultation with the policy-level stakeholders. ■

Medicines Price Monitoring in Malaysia



Malaysia has the population of 26.7 millions as of July 2006 in the land area of 330,252 sq. km. The Ministry of Health's total expenditure for pharmaceuticals account for US\$ 212.6 million in 2004, which corresponds with US\$ 8.31 per capita.

Mechanisms affecting medicine prices in Malaysia are free-market sales and government procurement. At the Ministry of Health facilities, all medicines are dispensed free of charge to all. At university hospitals, patients co-pay the cost of medicines dispensed. At private health facilities, out-of-pocket payment covers all in principle. There is no import tax on drugs in Malaysia.

Prices rely on market forces and competition within the industry to keep medicines prices stable. There are, however, voluntary agreements for cost containment in the public sector by restrictive prescription through the national drug formulary, budget limitation and price setting by tender and negotiation for government procurement.

The Medicine Price Monitoring System of Malaysia started this year based on a voluntary agreement between the Government and pharmaceutical providers. It supports the National Medicines Policy, which identifies dissemination of independent and objective information on medicine prices to health professionals and consumers as an important tool to ensure access to affordable essential medicines for all.

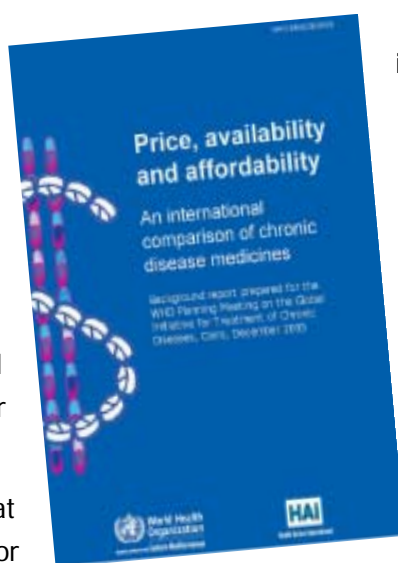
The system monitored both free-market retail medicine prices and government procurement medicine prices in two different geographical areas of the country including West Malaysia. ■

Medicines Price Monitoring will Enhance Medicine Affordability

At the Consultation on Affordable Prices of Medicines organized by the World Health Organization Regional Office for the Western Pacific from 2 to 4 August 2006, in Manila, Philippines, participants from the Western Pacific countries reaffirmed that WHO should develop a regional system to monitor and exchange information on medicine pricing so as to improve the availability and affordability of medicines for their national and mutual interests.

The consultation recognized that countries have to develop policies for optimizing prices of medicines and to consider opportunity for interventions including rational drug selection and use and social health

insurance schemes in order to improve the availability and affordability of medicines. It was recommended that the regional medicine price monitoring system should facilitate interaction between countries through a network-operated website.



Affordable price of medicines is an important strategic area of the Regional Strategy for Improving Access to Essential Medicines 2005–2010, which was endorsed at the fifty-fifth session of the WHO Regional Committee for the Western Pacific in Shanghai, in September 2004. Invitations for participants for the consultation came from the authority responsible for national medicines policy and medicines prices in Cambodia, China, Fiji, Hong Kong, China, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Singapore and Viet Nam. ■

Countries Should Have Their Own Policy-Making and Planning Tools for Medicine Financing

The Regional Consultation on Financing of Essential Medicines, which was organized and hosted by the World Health Organization Regional Office for the Western Pacific and held from 4 to 6 October 2006 in Manila, recommended Member States to explore their own planning tools for medicine financing.

The tool, which may be called national pharmaceutical account, is for the analysis of the total flow of public and private funding of medicines. By using this tool it will be possible to improve the financial

planning to satisfy national requirements for medicines. For adequate and sustainable financing of medicines, it was also mentioned that social health insurance schemes should be optimally utilized, while the cost of medicines should be contained through rationalizing every process of medicine supply and use. Intercountry collaboration with WHO's support is now necessary to explore ways of utilizing medicine financing information.

The participants were from Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Tonga and Viet Nam. Representatives from the Asian Development Bank also participated in the consultation. ■

Workshop on Pharmaceutical Policies and Access to Good Quality Essential Medicines for Pacific Island Countries (Suva, Fiji, 30 August-1 September 2006)

The Workshop on Pharmaceutical Policies and Access to Good Quality Essential Medicines for Pacific Island Countries that met in Suva, Fiji, from 30 August to 1 September 2006 discussed the problems and gaps in the pharmaceutical sector and

reviewed that need to be addressed. It also reviewed the implementation of the EC/ACP/WHO Partnership on Pharmaceutical Policies (a collaborative project

between WHO and European Commission with the objectives to speed up and enhance accessibility, quality and use of essential medicines and other key

Strengthening the pharmaceutical sector has been a long-term priority for the Pacific island countries and areas based on the recommendations of the meetings of Ministers and Directors of Health for the Pacific Island Countries held in Yanuca Island, Fiji, (March 1995), Rarotongo, Cook Islands (August 1997), and Palau, (March 1999). The recommendations urged Pacific island countries to, closely collaborate in the areas of rational use of medicines, supply and management of essential medicines, quality of medicinal products and drug information exchange.

pharmaceuticals in Africa, Caribbean and Pacific countries.)

Workshop participants were from the areas of medicines regulation and procurement of eleven countries, namely Cook Islands, Fiji, Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu.

The following four groups were formed from among the participants, to discuss the relevant areas: (1) medicines regulation, legislation and quality assurance; (2) medicines supply and procurement; (3) human resource development and (4) rational use of medicines. The workshop made recommendations for regional collaborative activities on the areas of pharmaceutical policies and for implementation of EC/ACP/WHO partnership project. ■



Workshop participants visiting the Fiji Pharmaceutical

Prequalification Training in China



second WHO-China Prequalification Training was held during the week of 9 January 2006 in Guilin, Guang Xi Province, China. The training was jointly organized by the Ministry of Health, China and

W H O . The first training was organized in March 2005 in Shanghai focusing on antiretrovirals. The objectives of the training workshop were to help Chinese manufacturers understand the prequalification procedures, in order to enable them to join international procurement, to share and discuss the dossier requirements including changes and variations in the requirements for prequalification, and to update participants on issues related to pharmaceutical development, quality assurance, bio-equivalence studies, Good Clinical Practice and Good Manufacturing Practice compliance.

There were 103 participants in the training workshop, which included representatives from national and provincial drug regulatory authorities and manufacturers. The WHO Representative in China,

the Coordinator of WHO-Prequalification Project, the Deputy Director General of the Department of International Cooperation of the Ministry of Health and the Department of International Cooperation, State Food and Drug Administration of China and representatives from the Ministry of Commerce of the People's Republic of China, Chinese Centre for Disease Control and Prevention, and from Medecins Sans Frontieres also attended the workshop.

The training course was divided into four parts:

- 1) expression of interest, guidelines on dossier assessment and frequently encountered deficits;
- 2) quality assurance and pharmaceutical development;
- 3) bio-equivalence dossier requirements, and guidelines for clinical study;
- 4) Good Clinical Practice and Good Laboratory Practice, Good Manufacturing Practice

Informal consultation meetings between WHO consultants and representatives from some Chinese manufacturers concerning their present and future dossiers have also taken place during the workshop, with the aim of rapidly providing access to some important products for world health. ■

Involvement of Consumers In Medicines Surveillance

Most Drug Regulatory Agencies (DRAs) have systems in place to conduct post-market surveillance of registered products, evaluate adverse drug reaction (ADR) reports, investigate product complaints, follow-up on reports of sale of counterfeit medicines and conduct root cause analysis for reports on medication and dispensing errors.

As planned, post-market surveillance of all marketed medicines by DRAs is not possible due to limited resources, however, investigations of product complaints and ADR reports have proven to be an effective way of monitoring the quality and safety of

medicines. Currently, such reports are received mainly from health professionals on a voluntary basis and thus, cover only a limited number of products which are used in hospitals, clinics and pharmacies.

In countries like Malaysia and the Philippines, surveillance is limited to participation by health professionals with little involvement from consumers. However, even with the limited involvement of consumers, findings showed that there was a positive impact derived from reports submitted by consumers which led to the detection of counterfeit and unsafe marketed drugs.

It was realized that there is a growing need to involve consumers in medicines surveillance, especially with the increasing number of products which are available in the market as it is not feasible for the DRA

to conduct such extensive surveillance. As consumers have not been involved in these activities in the past, there is a need to create awareness on the significance and importance of consumer reports in identifying products with quality defects, adverse drug reactions and counterfeit medicines.

The objectives of the involvement of consumers in medicines surveillance are to:

- 1) ensure the quality and safety of marketed products;
- 2) detect substandard, unsafe products, quality defects, products with misleading claims and counterfeits;

- 3) supplement and complement the reporting system which is already in existence; and
- 4) empower consumers so they will be aware of the quality, safety and correct usage of medicines and help alleviate the problem of consumers wasting their valuable resources on substandard or unsafe medicines which may expose them to health risks.

The involvement of consumers in reporting substandard and unsafe products would be very useful in complementing the surveillance conducted by the DRAs. ■

Collaboration with Law Enforcement Agencies in Combating Counterfeit Medicines in the Philippines

A national workshop with law enforcement agencies on Republic Act 8203 "Special Law on Counterfeit Drugs" was held in Manila, Philippines from 6 to 8 June 2006. Many key stakeholders attended the meeting. Representatives of WHO were invited

to make presentations on WHO perspectives and its efforts in combating counterfeit drugs especially the Rome Declaration (WHO International

Conference "Combating Counterfeit Medicines: Building Effective International Collaboration," Rome, Italy, 16-18 February 2006) and the Rapid Alert System. At the end of the workshop, a declaration was released on the need for collaboration and the commitments from all key stakeholders in the combat

against counterfeit drugs. The national workshop was followed by another three day regional workshop in Subic, Olongapo City in August 2006. This workshop had more than 30 participants from national and regional levels such as the Centre for Health Development (Region III), Department of Trade and Industry, National Bureau of Investigation, Subic Bay Metropolitan Authority, Bureau of Customs, local government units, the Department of Education and the Philippine Ports Authority. All participants in the workshop presented their strong commitment for combating counterfeit medicines. A declaration, which proposed a creation of Inter-agency Medical Products Anti-counterfeiting was released. ■



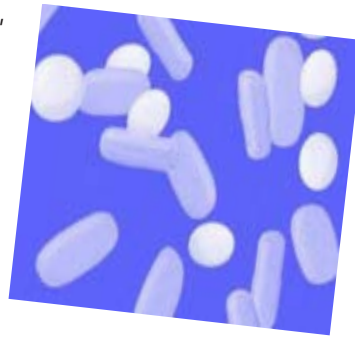
Plenary discussion with law enforcers



Awarding of certificate of appreciation to a speaker during the workshop with Dr Chroeng Sokhan (left) and Ms Nancy Tacandong (right)

Update on the Rapid Alert System for Combating Counterfeit Medicines

Currently, the Rapid Alert System (RAS) in Combating Counterfeit Medicines involves 94 focal points from 37 member countries, partner organizations such as UNICEF, Management Sciences for Health, etc. So far, this web-based system (<http://www.counterfeitmedalert.info>) has received 137 report cases of counterfeit medicines. The two countries which are actively reporting the counterfeit cases are Cambodia and the Philippines.



The Rapid Alert System (RAS) has also been presented in many national and international meetings that have been organized in the Region.

The National Rapid Alert System network was created in Cambodia involving 12 out of 24 provinces.

Through this network, many counterfeit medicines were detected and cases have already been reported into the WHO Rapid Alert System. The country's Drug Regulatory Authority is confirming some cases with concerned DRAs before reporting them into the system. ■

Informal Consultation on Strengthening Medicines Regulation and Quality Assurance for some selected Pacific Island Countries (Suva, Fiji, 29 August 2006)

An Informal Consultation on Strengthening Medicines Regulation and Quality Assurance for some selected Pacific Island Countries, Suva, Fiji, 29 August 2006 was attended by 13 participants



coming from six Pacific Island Countries - Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga, and Vanuatu. A self-assessment of medicines regulatory system was

undertaken to discuss the findings of the assessment of medicines regulation and quality assurance, and to identify priority areas for further strengthening and to explore feasible options to strengthen medicines regulation and the quality assurance system. ■

A number of actions have been identified, including collective intercountry collaboration that would be beneficial for improving the safety, efficacy and quality of medicinal products,:

- development of common criteria for licensing and registration of importers;
- creation of pool of inspectors for a joint inspection program;
- development of a consolidated list of medicinal products in the market and the suppliers in Pacific island countries;
- implement Information Technology system such as WHO Model System for Computer-Assisted Registration (SIAMED) and other user-friendly Information Technology system for regulatory and quality assurance related issues, including import monitoring ;
- information sharing of regulatory and quality assurance related issues through email networking (Drug Information Exchange for Pacific Island Countries) and through other means of communication;
- sharing of prequalification information;
- collaboration and sharing of information on the regulation of advertising and consumers advertising;
- undertake consumers medicines awareness programme through a collective medicines awareness week among Pacific island countries. Relevant news related to medicines will be shared;
- pursue a collective adverse drug reaction monitoring focused on improved safety of medicines through safe usage; and
- translation of product information to local language.



Drug registration staff in Medical Supplies Branch entering product registration data and performing evaluation using the drug registration system.

The new modules added to the drug registration system include:

- On-line evaluation and assessment of applications with monitoring and reporting capability. Assessments can be viewed by all users with access to the drug registration system;
- A system for monitoring assigned scanning jobs of dossiers submitted, product labels and photographs of

Computerized Drug Registration System in Papua New Guinea



In June 2006, drug registration in Papua New Guinea finally began with the registration of antimicrobial products. The National Department of Health issued a memorandum reminding all drug establishments that product registration was to be enforced. Therefore, all pharmaceutical products had to be registered with the Medical Supplies Branch of the National Department of Health.

A computerized system installed in 2002 was recently upgraded to provide for a fast and efficient way for recording and retrieving data. Additional modules were added to the drug registration system to suit the working environment in Medical Supplies Branch and to facilitate data processing. The additional modules were linked to the drug registration system. Medical Supplies Branch staff were trained on how to use the system.

product samples; and

- New features such as quick viewing of products by application number or by trade name was added to the system. In addition to the sorting and filtering features inherent in the system, a totals button was added to give summaries of products for registration.

A WHO short-term consultant, Mr Rainier Galang, has undertaken a follow-up visit in the country to advise on the inventory control system, to correct bugs found in the drug registration system and to train the users on the use of the integrated system. ■

Developed as a tool for Drug Regulatory Agencies (DRA) implementing a computerized system for the registration of pharmaceutical products, the computerized drug registration system is designed to aid the DRA in countries in the management of drug registration data. The management of drug regulatory agencies must however ensure its readiness to undertake the computerization of the DRUG REGISTRATION before embarking on to a computer-based system or risk not accomplishing the desired objectives. The ultimate goal is to get the system running and be able to retrieve up-to-date drug registration reports (Setting up a computerized drug registration & allied information system: A User's Manual, WHO 2004)

Biregional Workshop on Monitoring, Training and Planning Intervention for Improving Rational Use of Medicines

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Biregional Workshop on Monitoring, Training and Planning Intervention for Improving Rational Use of Medicines, took place in Yogyakarta, Indonesia, from

14 to 16 December 2005, to update current international experiences in improving rational use of medicines, share experiences in the implementation of monitoring, training and planning (MTP) intervention and to train participants on how to develop and conduct the monitoring, planning and training interventions in health facilities, and similar

interactive interventions in the community and private facilities.

The workshop discussed the problems of irrational use of medicines in health care, their adverse impact on access to good quality of care and various interventions for overcoming those problems based on international experiences. The importance of systematic scaling up and replication of such small-scale interventions which have been proven effective in changing medicine use behavior as part of comprehensive rational use intervention strategy, in public and private health facilities as well as in the community, was stressed. Relevant health system factors, such as medicines financing system, along with its incentive and disincentive mechanisms for rational medicines use practices, should be pursued whenever an intervention programme is implemented. ■



Workshop participants observing consumers' drug education activity-small group interactive discussion (CBIA), in a mosque.

Monitoring, Training and Planning (MTP) and Cara Belajar Ibu Aktif (CBIA) Interventions in Cambodia, China, Mongolia and the Philippines

PHILIPPINES A Workshop on MTP and Community Empowerment for Rational Use of Medicine in Mindanao was organized in Davao City from 24 to 28 April 2006 with technical support of a WHO consultant, Dr Sri Suryawati. Thirty-nine participants from government and private hospitals, local government and institutions, other government institutions, nongovernmental organizations, the Department of Health and the media attended the workshop. A concept of CBIA (Cara Belajar Ibu Aktif) was also introduced to the workshop participants.

Cara Belajar Ibu Aktif is an educational module for self-learning for selection of appropriate medicines called CBIA. This was developed in 1993 by the Department of Clinical Pharmacology, Gadjah Mada University, Indonesia that aimed at equipping community with skills in selecting medicines. CBIA is an abbreviation for Cara Belajar Ibu Aktif, which means "Mothers' Active Learning Method." The reason for focusing on mothers was that the level of knowledge about medicines was considered inadequate to support safe and correct selection of self-medication.

CBIA uses a problem-based approach and small-group, interactive discussions where community gathering places, such as houses, mosques and community offices are used as training locations. Students, pharmacists and others familiar with drug information requirements are recruited as tutors and resource persons and each participant is requested to bring all the medicines they have at home to learn where they can find necessary information, and then discuss the findings.

CAMBODIA The fourth phase of the MTP implementation started with a workshop which was organized in Sihanoukville on 24 November 2005, involving the six remaining provincial hospitals of the country. By holding this workshop, the MTP interventions covered all the 24 provinces countrywide where at least one hospital in each province has been implementing this approach. A

workshop for the fifth phase was organized in August 2006 at the meeting room of the

Department of Drugs and Food and MTP implementation was started with six new hospital: Memuth, Tbaung Khmum, Mong Russey, Koh Thom, Oudong and Soth Nikum.

CHINA A training Workshop on Monitoring, Training and Planning and Drugs and Therapeutics Committee was organized in Dalian, China, from 15 to 21 May 2006 with 45 participants, most of whom are clinicians and pharmacists from 33 provinces. The aims of the workshop were to improve the function of hospital drugs and therapeutics committees (DTC), to improve the medicine use in hospitals by utilizing MTP interventions, and to rationale the use of medicines by the community with CBIA approach. WHO and Management Sciences for Health facilitated the training workshop. Participants were trained on MTP and CBIA interventions to improve rational medicine use in hospital and in the community. Field visits were organized during the workshop and workplans for DTC and MTP level was developed at the end of the workshop.

MONGOLIA A training Workshop on Monitoring, Training and Planning was organized in April 2006 at the Central Clinical Hospital. Forty clinicians, managers and clinical pharmacologists from 13 clinical hospitals participated in this two day workshop. The MTP implementation was to be started in June and the evaluation to be organized in six months' time. Following the MTP workshop, a two day national training on CBIA community intervention was organized in Ulaanbaatar involving forty nurses, nurse assistants, and pharmacy assistants from 13 hospitals. ■



Participants from China and Mongolia in CBIA Training in action.

Promotion of Good Pharmacy Practice in the Western Pacific Region

the International Pharmaceutical Federation (FIP) revealed they would step up efforts to promote WHO-FIP Guidelines for Good Pharmaceutical Practice in the Western Pacific countries at a consultation organized by FIP, from 29 to 30 June 2006 in Singapore.

Approximately 30 representatives from the FIP member organizations and the national health authorities in the Western Pacific Region met to discuss strategies for promoting the implementation of GPP in their respective countries.

Non-adherence by prescribing doctors to conventional practices and a lack of competent pharmacists for developing national GPP guidelines are common obstacles to the promotion of GPP across countries. Key solutions include the national government's commitment to promoting GPP and strengthening the education of pharmacists.

Good collaboration between the national government, professional associations and academia is beneficial. For instance, Thailand's Pharmacy Accreditation Scheme to benefit patients has been successfully implemented in collaboration with FIP member organizations, national health authorities and universities in the country.

Mr Jun Yoshida, Technical Officer in Pharmaceuticals, who represented the WHO Regional Office for the Western Pacific said that promotion of GPP also means addressing emerging pharmacist roles such as supervising drug management and promoting affordable drugs. ■

NEW PUBLICATIONS



Developing Pharmacy Practice
(A focus on patient care)
Handbook - 2006 Edition



Using Indicators to Measure Country Pharmaceutical Situations
Fact Book on WHO Level I and Level II Monitoring Indicators



The Safety of Medicines in Public Health Programmes
Pharmacovigilance an Essential Tool



Essential Medicines for Reproductive Health
Guiding Principles for their Inclusion on National Medicines Lists - 2006



The Interagency List of Essential Medicines for Reproductive Health 2006

This newsletter welcomes comments and articles.

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