



## **INDIAN PHARMACEUTICAL ASSOCIATION**

### **The Chennai Statement**

#### **on the Role of the Pharmacist in the Prevention & Management of HIV/AIDS and in Maternal and Child Health (MCH) and Tuberculosis (TB) in India**

#### **Rationale:**

According to the UNAIDS 2008 Report on the Global AIDS Epidemic, there were an estimated 33 million people living with HIV in 2007. The number of new infections in 2007 was 2.7 million people and over 2.0 million people still die each year due to AIDS. These disturbing facts were given to those attending the Symposium held in Chennai on 12 and 13 March 2010 on "The Role of the Pharmacist in the Prevention and Management of HIV/AIDS and in Maternal and Child Health and Tuberculosis". In Asia alone, 4.7 million people were living with AIDS and India accounted for roughly half of Asia's prevalence.

The overall number of people living with HIV/AIDS has increased over the last few years, due to the continued growth of new infections each year, the slow uptake and progress of HIV/AIDS prevention, treatment and care services and the stigma and discrimination associated with the disease. The percentage share of women living with AIDS has started increasing as more social pressures are being put upon them.

Of particular significance is the fact that some 2 million children under 5 are infected with HIV. Over 420,000 were newly infected in 2007 and some 270,000 children under 5 died from AIDS in that year. In real terms, that equates to around, 1,400 children become infected with HIV every single day! Over 90% of new infections amongst children occurred through mother-to-child transmission. Without any interventions, up to 45% of children born to HIV positive women would get infected – approximately 5% during pregnancy, 20% during labour and at least 20% through breastfeeding. PMTCT has a direct influence on the achievement of three of the Millennium Development Goals (MDGs) – to reduce by two thirds the mortality rate amongst children under five, to reduce by three quarters the maternal mortality ratio and to halt and begin to reverse the spread of HIV/AIDS.

In India, the first HIV/AIDS case was first detected in 1986 and since that time HIV has been reported in all states and union territories. The four southern states of Andhra Pradesh, Maharashtra, Tamil Nadu and Kanataka account for around 63% of all people living with HIV/AIDS in India. According to the 2008 UNAIDS Report, it is now thought that around 2.5 million people in India are living with HIV/AIDS, with probably many more undiagnosed cases and people carrying HIV.

However, a number of challenges still remain, as the number of new infections continues to rise. There is still a big stigma attached to HIV/AIDS and many carriers of HIV remain undiagnosed. The cost of treatments remains very expensive and there are many problems in ensuring continuity of treatment – especially in the remoter areas of the country. Although there has been a significant amount of publicity about the prevention of HIV/AIDS, many still risk infection and the high level of publicity about the disease must continue.

Similarly in 2007, the Asian Region accounted for 35% of Tuberculosis (TB) cases worldwide and in India, nearly 400,000 people die from TB each year (equivalent to two deaths every three minutes).

Despite national control programmes there are still problems with drug resistance surveillance and reaching marginalised populations with treatment and prevention services.

Pharmacists can contribute their knowledge, skills and expertise in the prevention and management of HIV/AIDS, TB and in Maternal and Child Health (MCH) and are committed to working collaboratively with National Control programmes in the support of nationwide goals. Pharmacists are accessible health professionals who maintain the respect of their communities through provision of confidential and equitable service and care.

## **The commitment of the Pharmacy profession in India**

At a participatory workshop on HIV/AIDS, TB and MCH, held on 12-13 March 2010 in Chennai, India, and hosted by the Commonwealth Pharmacists' Association (CPA) and the Indian Pharmaceutical Association (IPA) about 65 members of the Pharmacy profession met to discuss the role of Pharmacists in the management of HIV/AIDS, TB and MCH.

The predominating message to come from these discussions was that Pharmacists have the knowledge, skills and expertise which they believe could be more proactively applied to the control of these communicable diseases in India.

Furthermore, Indian Pharmacists present at the Symposium were united in their commitment to the communities they serve. To this end, Pharmacists want to provide a greater public health role in the prevention and management of HIV/AIDS, in Maternal and Child Health (MCH) and TB specifically, and in health promotion generally.

The Chennai Statement is a compilation of recommendations made at the Workshop to expand the role of Pharmacists in practice settings in the prevention of these communicable diseases and in the continual improvement of accessibility to treatment and services by all members of the community in India. Further discussion, both within the profession and with the respective national and local governments, will be necessary to define these roles in greater detail. In addition, The Chennai Statement is a declaration by the Pharmacists of India to affirm the commitment made by over two hundred Commonwealth Pharmacists at the CPA Conference in Ocho Rios, Jamaica, in 2003 and to implement the recommendations of The Chennai Statement, as resources permit, to achieve beneficial health outcomes for the people of India.

### **General statements from the Commonwealth Pharmaceutical Association "Ocho Rios Statement on the Role of the Pharmacist in the Prevention & Management of HIV/AIDS" Jamaica, August, 2003**

- Pharmacists are members of multi-professional health care teams
- Pharmacists are the primary legal custodians of medicines and have the knowledge and expertise to provide authoritative information relating to medicines
- Pharmacists play an important role in helping to break down the stigma and discrimination associated with HIV/AIDS
- Pharmacists can deliver professional treatment, advice and information in a caring and confidential environment
- Pharmacists will maintain patient privacy and confidentiality
- Pharmacists are committed to working with governments in the development and implementation of policies and strategies to improve access to information and in the provision of affordable and sustainable antiretroviral and antibiotic therapies

## **Courses of Action resulting from the Chennai Symposium on 12-13 March 2010**

The following courses of action were agreed by the Workshop attendees to take forward in India as a result of the meeting in Chennai on 12 and 13 March 2010: -

- Pharmacists have an important role in providing treatment and care for HIV/AIDS patients, TB patients and Mother to Child care and the Indian Pharmaceutical Association (IPA) should lobby central and local governments to ensure that:
  - suitable training is given in these important areas on all undergraduate courses
  - all future training of Pharmacists should be through Degree courses
  - these courses should include period(s) of practical experience in suitable premises
  - Student Pharmacy Community Groups should be formed to provide practical experience
  - post-graduate courses should be made available and held at frequent intervals to update Pharmacists
  - these courses should preferably be at weekends or evenings and be "state funded"
  - better communication and counselling skills should be available for all Pharmacists
- Multi-disciplinary training should be available on HIV/AIDS and TB care and its treatments which should involve Pharmacists.
- All Pharmacy organisations in India should promote the incorporation of Pharmacists into the healthcare team
- All treatments for HIV/AIDS and TB care should involve the use of a suitably trained Pharmacist
- Manufacturers should be asked to provide better patient information and product information relating to HIV/AIDS and TB medication
- The Indian Pharmaceutical Association should discuss how Pharmacists can help/support patients on the question of stigma relating to HIV/AIDS.
- The Indian Pharmaceutical Association should encourage all Community Pharmacies to have a suitable Counselling area to provide privacy for patients
- Suitable training should be given to Pharmacists on Counselling skills
- The Indian Pharmaceutical Association should seek regulations to ensure continued education is a requirement for continuation to practice as a Pharmacist in India (re-assessment every 5 years?).
- The Indian Pharmaceutical Association should press the Government for better IT links with Pharmacies to ensure that Pharmacists are in a better position to provide total care to patients, and especially in the area of HIV/AIDS and TB.
- The Indian Pharmaceutical Association should support a professional requirement for Standard Operating Procedures (SOPs) are in place in Pharmacies for key activities - especially around HIV/AIDS and TB care.
- The Indian Pharmaceutical Association should press the Government to provide a decentralised system for HIV/AIDS care and treatment through approved local Pharmacies where suitable facilities and trained staff are available.
- The Indian Pharmaceutical Association should actively consider lobbying the Government to provide harmonisation of local policies relating to the care of HIV/AIDS and TB patients by Pharmacists across India.
- Patients should ideally be registered with a particular Community Pharmacy.
- The Indian Pharmaceutical Association should strongly encourage the presence of a Pharmacist in a Community Pharmacy at all times.
- The Indian Pharmaceutical Association should lobby Government to ensure that Community Pharmacists receive a minimum practice salary, which should include Fees for Counselling Patients.
- Leaflet and media campaigns should be undertaken by the Indian Pharmaceutical Association in conjunction with the Government and other health agencies to inform the public about HIV/AIDS and TB treatments and services.
- Pharmacy involvement of these activities should be widely publicised throughout India by the Indian Pharmaceutical Association.

## **Other Matters to be considered:**

### **Increasing Pharmacists' contribution to the prevention and management of HIV/AIDS, TB and in MCH in India**

#### ***The Indian Pharmaceutical Association will direct its efforts and resources towards:***

1. advocating for sustainable and cost-effective partnerships between public and private sector stakeholders to co-ordinate improved patient access to HIV/AIDS, TB and MCH services leading to increased case detection, provision of referral information for counselling, testing and diagnosis and authoritative information on treatment options
2. working strategically with the relevant national and local Ministries of Health and other government agencies to provide an enabling environment for the implementation of policies and strategies aimed at long-term sustainability of service provision to HIV/AIDS and TB patients
3. facilitating member access to up-to-date information on antiretroviral therapy and international standards for HIV/AIDS care
4. providing members with continuing education programs on HIV/AIDS and TB prevention and treatment, with particular focus on access in outreach areas, or facilitating access to such programs provided by other institutions
5. promoting HIV/AIDS, TB and MCH awareness campaigns and providing relevant materials for members to undertake consumer and/or staff education and training activities, separately or in collaboration with other agencies
6. promoting the inclusion of Pharmacists in HIV/AIDS, TB and MCH management teams, especially in the area of clinical services and Drug and Therapeutic Committees
7. nominating Pharmacists to positions on national government and other professional Boards and Committees relating to HIV/AIDS, TB and MCH
8. nominating Pharmacists to government/industry decision-making committees to advise on the registration, procurement and the uninterrupted distribution of Pharmaceutical supply of anti-retroviral medication.
9. nominating Pharmacists to government decision-making committees to provide evidence-based medicines expertise during the development of treatment guidelines
10. reinforcing the relevant professional code on ethical prescribing and dispensing

#### ***The Indian Pharmaceutical Association will encourage its members to:***

11. provide services without prejudice or discrimination and maintain patient confidentiality
12. use all available resources to remain informed and up-to-date on evidence-based treatment of HIV/AIDS and TB in line with national and international treatment guidelines
13. train, or facilitate training, for Pharmacy staff in the provision of HIV/AIDS and TB treatment and information
14. participate fully in locally and nationally initiated community HIV/AIDS, TB and MCH education and awareness campaigns
15. provide/negotiate/advocate for appropriate facilities for confidential patient counselling in Pharmacies, clinics and other workplaces
16. collaborate with other health care providers and with government initiatives in implementing a comprehensive care concept in the treatment of HIV/AIDS and TB patients

## **The Role of the Pharmacist at Community Level**

***Given their accessibility, Pharmacists can help reduce HIV transmission by informing, educating and communicating with all members of the community in:***

17. participating in awareness campaigns, e.g. World AIDS Day, to promote the Pharmacist as an authoritative and accessible source of information on HIV/AIDS and MNCH within the community
18. using daily opportunities to communicate prevention information to patients/consumers
19. providing information on counselling and testing services
20. referring patients/consumers to testing services to assist in early detection and diagnosis
21. providing consumer information on sexually transmitted infections, including referral services
22. spreading prevention messages using all available media outlets: newspaper advice columns, talkback radio, TV interviews and community health announcements
23. participating in community, school and faith-based activities
24. supporting other community-based HIV prevention programmes

***Pharmacists can deliver quality treatment and care for HIV and TB patients by:***

25. maintaining high standards of pharmacy practice and observing any official Codes of Practice
26. working as members of multi-disciplinary healthcare teams
27. acquiring skills in patient counseling
28. providing quality pharmacist/patient interaction to promote adherence and optimise treatment outcomes (monitoring treatment, providing information on medicines, nutrition and opportunistic infections)
29. promoting holistic and wellness concepts to HIV positive and TB patients and providing psycho-social support or referral to support service providers
30. supporting families within nationally agreed guidelines on MCH supported by the respective governments, or referring patients to appropriate facilities, where they are available
31. treating opportunistic infections, including sexually transmitted infections, within treatment guidelines prescribed by a clinician
32. maintaining patient medication records with appropriate sharing of patient histories between service providers
33. recording and notifying incidents of observed drug resistance
34. ensuring an up-to-date knowledge of the national HIV/AIDS and TB Guidelines

## **The Role of the Pharmacist at Government Level:**

### ***Working with the Indian Pharmaceutical Association Pharmacists can:***

35. build working relationships with politicians and officials within the respective national and local Ministries of Health
36. contribute to policy development and implementation as it relates to Pharmacy practice, Pharmacy education and public health (with special focus on reducing stigma and discrimination)
37. advocate for and assist governments and relevant authorities in the development and use of evidence-based treatment guidelines
38. advocate for and assist government and appropriate agencies to combat the importation and distribution of counterfeit and substandard medicines
39. advocate for increased employment of pharmacists in drug procurement and distribution nationwide
40. advocate and negotiate with governments to increase patient access to affordable and sustainable antiretroviral therapy, for antenatal patients where appropriate
41. advocate and negotiate with government to increase patient access to information and services in the treatment of sexually transmitted diseases
42. work with the Universities to review the curriculum to ensure it meets the changing trends and requirements of Pharmacy practice in India
43. work with government to formulate strategies and incentives to encourage Pharmacists to work in outreach areas to ensure adequate human resources for the delivery of quality treatment and care

## **The Role of the Pharmacist in Collaboration with other Organisations**

### ***Working collaboratively, the Indian Pharmaceutical Association and their members can maximise impact by:***

44. interacting with other health professionals in the design and implementation of HIV and TB prevention strategies
45. interacting with networks of people living with HIV and TB to better meet their needs and requirements
46. interacting with other health professionals to optimise treatment and care of HIV and TB patients, in both hospital and community settings
47. joining with other health-related professional organisations in the hosting of inter-professional workshops, seminars and continuing educational lectures
48. assisting major data collecting agencies to strengthen and improve systems for the strategic use of HIV/AIDS, TB and MCH related information
49. promoting medical and Pharmacy practice research throughout India
50. continue to involve Pharmacy and other health-related student bodies in India