



AFRICAN
PHARMACEUTICAL FORUM



ABU DHABI 2019
FIP WORLD CONGRESS
22-26 September



APF/FIP

AFRICAN PHARMACEUTICAL FORUM

« ENSEMBLE SOYONS PLUS FORTS: DÉVELOPPONS LA
COMMUNICATION PERMANENTE ENTRE APF ET CIOPE »

Dr Prosper HIAG Président

AG CIOPE 27 Novembre 2018 Paris

FORUM PHARMACEUTIQUE AFRICAÏN: 2005 À 2018: L'APF A 14 ANS.

- À propos: le forum pharmaceutique africain est le Forum des associations pharmaceutiques nationales au sein de la FIP des pays de l'OMS afro, pour promouvoir la pratique pharmaceutique dans la région de l'Afrique. L'adhésion est ouverte à toutes les associations membres, représentant les pays membres au Conseil .

FORUM PHARMACEUTIQUE AFRICAIN: PLAN

- Présentation CIOPF du 27 novembre 2018
- 1)AGM de Glasgow en marge de la Fip :Participation exceptionnelle .
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- 2)Article sur la migration : Doit on payer des frais de transfert pour les pharmaciens migrants
- 3)Recommandation de la conférence des Présidents ,un projet fédérateur par Region
- Drug abuse : Tramadol : un questionnaire ?
-

FORUM PHARMACEUTIQUE AFRICAIN: PLAN

- 4) Activités menées:
- Congrès de la PSN à Ibadan
- Réunion de l'exco (bureau de l'APF) en marge de la PSN
- Key note Digitalisation : "Disruption (changement du Statut quo) innovation in pharmacy"
- Préparation de l'Agm et Workhop du Ghana : 25 Avril 2019
- Projet Medisafe sera présenté à l'Apf
- Participation à la West African Postgraduate Collège of Pharmacy du 11 au 15 Mars 2019 en Sierra Leone : WAPCP
- Congrès de la Fip à Abu Dhabi www.fip.org

FORUM PHARMACEUTIQUE AFRICAIN: MISSION:

- notre mission est d'accroître le partenariat, le dialogue, la compréhension et l'activité dans le domaine de la pratique de la pharmacie et des sciences pharmaceutiques dans la région afro-africaine. Il s'agit de permettre à la profession de pharmacie d'avoir plus d'impact sur l'amélioration des services de pharmacie et de la santé publique en se concentrant sur les besoins locaux et régionaux distincts.

AG APF/FIP AU CONGRES FIP CHAQUE ANNEE (ICI GLASGOW 2018, ABU DHABI 2019, SEVILLE 2020, BRISBANE (AUSTRALIE)2021):



**AFRICAN
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PRESENTATION MIGRATION: DOIT ON PAYER DES FRAIS DE TRANSFERT POUR LES PHARMACIENS MIGRANTS

CNOPC APF/FIP AU FIP 2018 GLASGOW

Should there be a **transfer fee** for pharmacists?

Solutions to the so-called "brain drain" were among the issues discussed during a session on workforce mobility and migration. Sarah Marshall reports.

How much do football and pharmacy have in common?

According to Prosper Hiag, president of the Pharmaceutical Society of Cameroon and president of FIP's African Pharmaceutical Forum, there may be lessons that the profession can learn from the game, particularly when it comes to workforce migration and mobility. "My country is a country of football," Dr Hiag said. He pointed out that almost half of the French national football team, winner of this year's World Cup, was from outside France, and that 90% of the Cameroon team plays for European clubs. The exchange of knowledge and skills has benefited both countries. "Migration has had some very good results," he commented. But global pharmacy workforce migration presents both challenges and opportunities for the profession. Source countries have the responsibility of registering pharmacists, whereas destination countries for migrant professionals would need to provide a welcome and decent work opportunities, he said. Unlike Cameroon's experience with footballers, when the country trained pharmacists, they would move to the USA and France, and not return home to practise. "This situation is creating a lack of resources in our country," Dr Hiag explained.



Unlike Cameroon's experience with footballers, when the country trained pharmacists, they would move to the USA and France, and not return home to practise.

The issue is not confined to Cameroon; many low-income countries struggle to retain their pharmacists. Ensuring that the skills of these workers are not lost to high-income countries is a challenge for the diaspora, national and international regulators and FIP. Dr Hiag commented "The most important opportunity for me is the contribution to the pharmaceutical practice in the country. When you are practising in Europe there are things that you [are leaving undone] in Cameroon."

Dr Hiag also highlighted that European football clubs wishing to engage Cameroonian players paid a transfer fee to the club that had trained them. He suggested that the time had come for destination countries to pay a remittance to low-income countries that have invested in the education of their pharmacists.

The urgency of addressing workforce challenges, including migration, has been highlighted in FIP's 2018 "Pharmacy workforce intelligence: Global trends report". This estimates that there would be a 40% increase in the size of the pharmaceutical workforce by 2030, but suggests that this would be mostly due to increased demand primarily in higher-income settings, leaving low-income countries with health worker shortages and a worsening capacity gap, unless strategies are put in place to address workforce needs.

Challenges for high-income countries

Destination countries for migrating pharmacists face challenges too, however, particularly around ensuring professional competencies, language skills and integration into society. Michael Jung from the Federal Union of German Associations of Pharmacists shared practical experiences of how Germany is tackling these issues. Of the 2,202 licences granted to pharmacists to practise in Germany in 2016, almost a fifth were to people from other EU countries or further afield. In order to be licensed, applicants must have a good command of German and have a pharmacy qualification.

INTERNATIONAL PHARMACY JOURNAL

DOIT ON PAYER DES FRAIS DE TRANSFERT POUR LES PHARMACIENS MIGRANTS

education & workforce

These requirements can, however, present a hurdle to some applicants since non-EU pharmacy education can vary considerably in content and in scope compared with the German national standard training, which specifies four years at university followed by a further year in practice. The German authorities have, therefore, to determine the suitability of each foreign pharmacist individually and identify where there are gaps in knowledge or skills.

Applicants have to pass a qualifying exam as well as a language proficiency test. An alternative is that pharmacists wishing to work in Germany, but with lower qualifications, apply for a temporary licence. This enables them to then work in a limited capacity, under supervision of a qualified pharmacist, for up to two years while they prepare for the professional exam and improve their German language skills. The role of pharmacy associations in this process is

significant. They provide practical support in various ways, including regular information sessions and networking opportunities for applicants to link them to pharmacy owners who can provide job shadowing and employment opportunities. In addition the associations also connect foreign pharmacists to sources of language and financial support as well as professional education activities. Almost half of the 769 applicants who took the language proficiency test in 2017 were Syrian refugees with the remainder coming from 59 other countries, including Romania, Bosnia and the Ukraine. Mr Jung remarked that integration of the foreign pharmacy workforce is seen as a priority. "This model has proved very successful, because we manage to get them into practice and integrated into everyday life in Germany in two years," he concluded.

HOW AVATARS CAN HELP IMPROVE COUNSELLING SKILLS

A virtual patient avatar can train pharmacists and others to interact appropriately with patients and therefore improve adherence. Steve Chapman, of Keele University, UK, presented such an avatar at an FIP congress session on strategies to improve adherence, organised by the Industrial Pharmacists Section.

Professor Chapman began by saying why computer-assisted learning (CAL), of which avatars formed a part, is often preferable to face-to-face training and distance learning. Face-to-face training is resource-intensive and expensive. Distance learning is cheaper and convenient, but it is hard to incorporate soft skills like emotional engagement, he said. CAL is less costly, and has the potential for the inclusion of interactive vignettes and the incorporation of the concept of emotional engagement. It can provide evaluation through self-marking and can use simulations like video clips or avatars. And it can be exported to continuing professional development portfolios, if required.

Avatars in CAL allow for specific feedback to users that is directly linked to key learning points, they are relatively inexpensive to produce since the avatars are reusable and they allow dialogue within learning modules to be amended if required. Describing the development of his avatar, Professor Chapman said that a steering group of international pharmacists was employed to ensure realistic, clinically accurate and appropriate interaction with the avatar. The system was then beta-tested and made available. His avatar is called "Henry". Henry has type 2 diabetes and has been recently diagnosed with atrial fibrillation. In the training

module, Henry is a regular customer of the pharmacy who has come to collect his atrial fibrillation medicines for the first time. Trainees using the programme meet and counsel Henry. Questions appear on screen and the trainee must choose one to ask. Henry's answer and subsequent progress through the module depend on the question chosen. At the end of the session, Henry gives trainees feedback on what they did right and wrong.

A pilot evaluation indicated that users liked the virtual patient approach, and thought the system realistic with high quality animations. Some thought it was "good for training newly qualified pharmacists", but really Professor Chapman said, it is good for every pharmacy practitioner, whatever stage of their careers they are at. Professor Chapman invited participants to try out Henry for themselves. The module can be accessed at www.keele.ac.uk/virtual-patient/newly-diagnosed-af-afib/. He added that those who would like to take part in a global evaluation of the project should email him at s.r.chapman@keele.ac.uk. — Graeme Smith



Avatar: Henry has atrial fibrillation

FORUM PHARMACEUTIQUE AFRICAIN: RÉALISATIONS:

- Certains des projets et réalisations à ce jour sont:
- (1) Déclaration des droits des patients
- (2) Adoption d'un document de bonnes pratiques pharmaceutiques par certains pays membres
- (3) Participer à l'agenda de la santé publique et OMS: adopter et mettre en œuvre les objectifs du Millénaire pour le développement par les associations membres, une telle réduction de la mortalité infantile, la gestion des maladies non transmissibles
- (4) Célébration de la journée mondiale des pharmaciens dans la plupart des pays membres le 25 septembre
- 5. Programmes de soins pharmaceutiques et questionnaires d'enquête de la FIP

FORUM PHARMACEUTIQUE AFRICAIN: RÉALISATIONS:

- 6. Production de matériel éducatif public, telle carte descriptive de Prévention et soin du paludisme, carte descriptive de prévention et soin de la bilharziose
- 7. Participation au
 - forum pharmaceutique international de l'Afrique francophone en Juin 2018 à Ouagadougou,
 - Réunion AMRH/ NEPAD et Union Africaine pour l'harmonisation des réglementations pharmaceutiques en Novembre 2017
 - PARTICIPATION du 30 Octobre au 3 Novembre dernier au 91^{ème} PSN conférence à Oyo state (Ibadan): Disruptive Innovation en Pharmacie
- 8. Le membership agreement l'incitation d'adhésion des nouveaux membres en vue de réunir tous les pays membres francophones et anglophones

FORUM PHARMACEUTIQUE AFRICAIN: EX CO MEETING A IBADAN 1 NOVEMBRE 2018



FORUM PHARMACEUTIQUE AFRICAIN: PROCHAIN RENDEZ VOUS:

9. Organiser une Réunion Régionale et Workshop
au Ghana le 25 Avril 2019:

Theme : Disruptive Innovation in Pharmacy

VOUS ETES TOUS INVITES



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FORUM PHARMACEUTIQUE AFRICAIN: PLANS FUTURS:

- Améliorer, encourager la communication et la coopération dans la région, entre les associations membres, malgré les barrières linguistiques
- Projets ou initiatives susceptibles de soutenir la mission du Forum et de promouvoir la pratique pharmaceutique en Afrique

FORUM PHARMACEUTIQUE AFRICAIN: PLANS FUTURS: AVEC VOUS ET L'OMS



ABU DHABI 2019
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WHO Africa Innovation Challenge

Applications close: Monday, 10 December at
midnight (GMT+1)

PROMOTING AFRICAN SOLUTIONS FOR AFRICA'S HEALTH

The World Health Organisation Regional Office in Africa (WHO AFRO) is calling on anyone working to apply new and innovative thinking to improve health outcomes for Africa.

WHY APPLY?

Selected finalists will be awarded a sponsored opportunity to attend the Africa Health Forum in Cape Verde from 23 to 24 March 2019. Finalists will get the opportunity to profile their solutions and gain access to political, government and business leaders in the health sector for potential market and investment opportunities.



For more information and to access the online application form please visit: afro.who.int/innovchallenge

- Projets ou initiatives susceptibles de soutenir la mission du Forum et de promouvoir la pratique pharmaceutique en Afrique



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FORUM PHARMACEUTIQUE AFRICAIN: BUREAU ÉLU (2018-2020):

- Président: Prosper HIAG (Cameroun)
- Président sortant: Anthony AKHIMIEN (Nigéria)
- Vice-Présidente: Jocelyn CHAIBVA (Zimbabwe)
- Secrétaire général: Didier MOULIOM (Cameroun)
- Assistant G. secrétaire/rédacteur en chef: Arinola JODA (Nigéria)
- Liaison officer: Henri Charles AINADOU (Bénin)



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