



FIP DIGITAL PROGRAMME

**TRANSFORMING
VACCINATION**

GLOBALLY & REGIONALLY

FIP Transforming Vaccination Globally & Regionally

Series 1 Identifying transformation needs

1.2 Transforming practice: A focus on strategy & policy for global change



Announcements



This webinar is being recorded and live-streamed via Facebook



The recording will be freely available on our website www.fip.org



You may ask questions using the question box provided



You are welcome to provide feedback to webinars@fip.org



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Moderator (s)



Ema Paulino
FIP Professional Secretary



Paul Sinclair
FIP Chair Board of Pharmaceutical Practice



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Welcome to the “Transforming Vaccination Regionally & Globally” Programme

Transforming Vaccination Regionally and Globally is the first FIP Transformation outcome-based online programme of its kind underpinned by the FIP Development Goals (FIP DGs).

Final outcome of the programme is a historic global FIP Commitment to Action on Vaccination in Pharmacy.

A FIP Transforming Vaccination Collection (2021)



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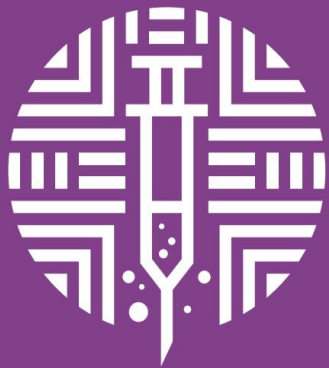
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ROADMAP
SEPTEMBER
TO DECEMBER
2020

SERIES #1

Identifying transformation needs

The needs of the pharmaceutical
science, practice and workforce
of vaccination

SERIES #2

Setting transformative goals

Deconstructing vaccination in pharmacy
through the FIP Development Goals
(FIP DGs) across the entire profession

SERIES #3

Committing to transformation

Delivering a global commitment
to action on vaccination

#1

SEPTEMBER / OCTOBER / NOVEMBER / DECEMBER

Main outcome

Identification of needs &
considerations for transforming
vaccination globally across
practice, science and workforce
& education.

#2

Main outcome

Discussing mechanisms and
drivers to progress the most
relevant FIP Development Goals
(FIP DGs) in the context of trans-
forming vaccination in pharmacy.

#3

Main outcome

Delivering a global FIP
Commitment to Action on
Vaccination in Pharmacy.

Important Links & Resources

Transforming Vaccination Regionally & Globally Webpage
transformingvaccination.fip.org

Engage with us and help us answer the following questions:

1. What single factor should be prioritized to transform pharmacy vaccination services globally and regionally?
2. What would be the most important achievement in terms of pharmacy vaccination services in your country in the next five years?
3. What else should the FIP Commitment to action outline?



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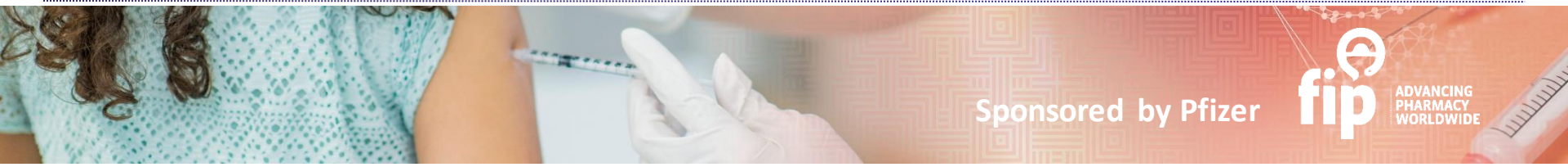
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Today's Learning Objective

To outline the path taken to achieve successful vaccination programmes by pharmacists in counties and jurisdictions with existing pharmacist vaccination.



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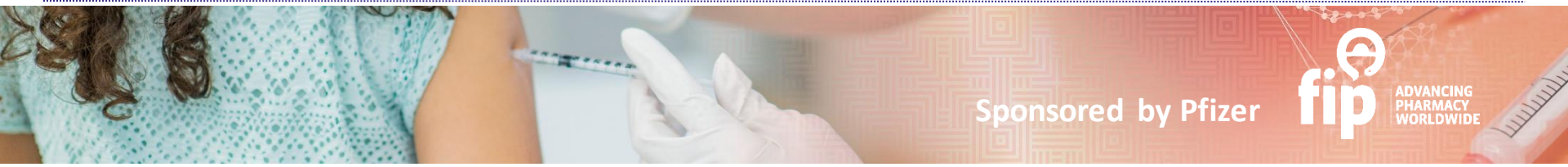
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Learning Objectives

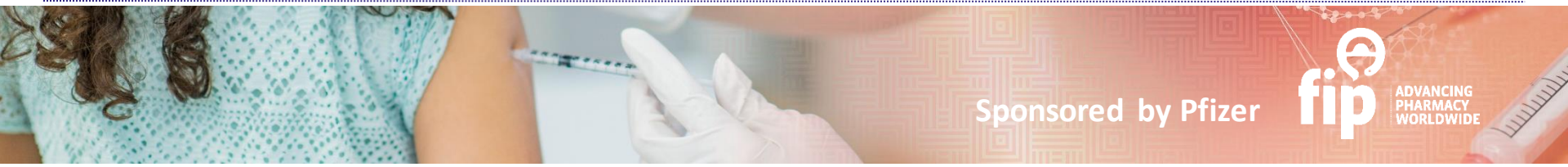


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To outline the path taken to achieve successful vaccination programmes by pharmacists in counties and jurisdictions with existing pharmacist vaccination



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Speaker 1

Yong Pei Chean

President, 114th Council

Pharmaceutical Society of Singapore



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Singapore: Pharmacists' Role in Vaccination



Pharmaceutical Society of Singapore



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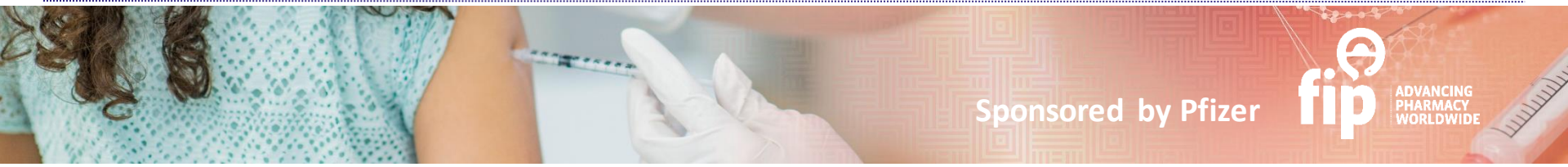
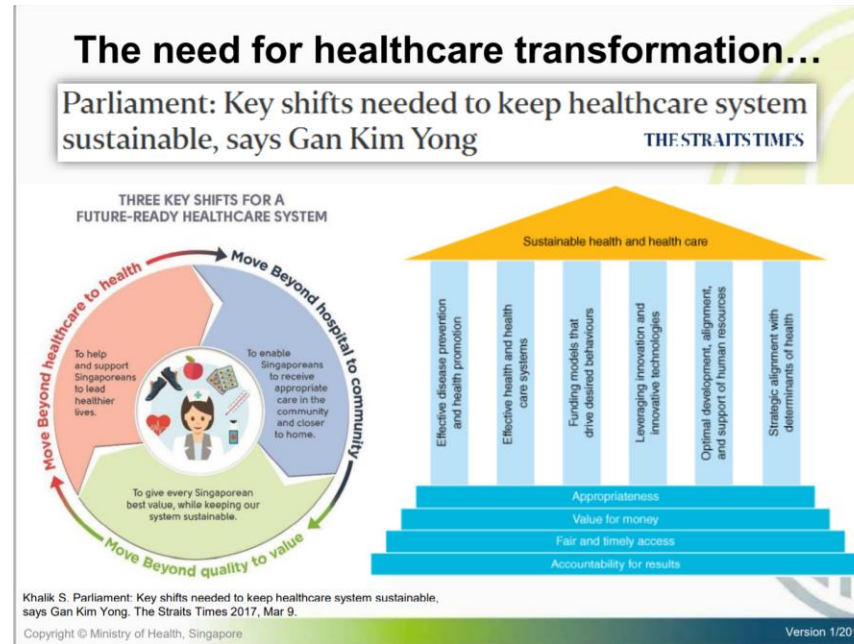
The paradigm shifts



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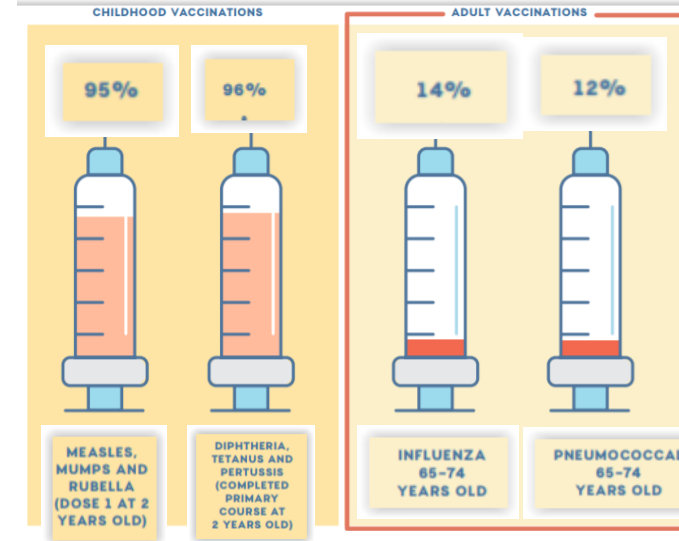
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Our National Strategies

Accessible, Affordable, Good Quality Care

- Comprehensive coverage
 - National Childhood Immunisation Schedule (NCIS)
 - National school-based Human PapillomaVirus (HPV) vaccination programme
 - National Adult Immunisation Schedule (NAIS) for ≥ 18 years old
 - Healthcare workers vaccination
- Heavily Subsidised for residents & elderly through GP clinic, polyclinics

! Adult vaccination rates for influenza and pneumococcus are very low compared to compulsory childhood vaccinations.



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Call for Action

HealthySG Taskforce Goal: Increase adult vaccination by 50% (3 folds) in 5 years' time



**Screening
and
vaccinations**



- Educate on the importance of early detection.



- Reduce the cost of adult vaccinations.



- Incentivise employers to give time-offs for screening and vaccinations.



- Make vaccinations and screening more easily accessible.

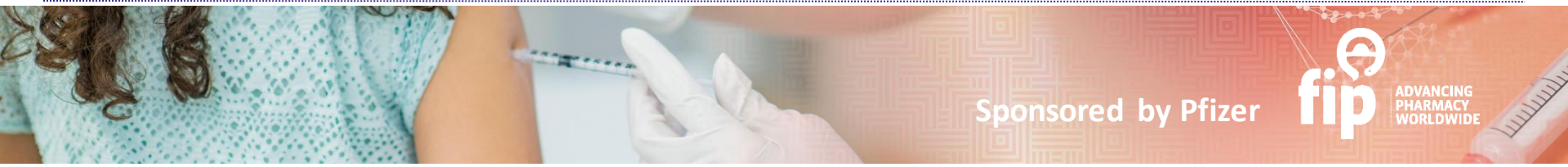
160 community pharmacies

- Extended hours
- Provide Convenience

Advocacy

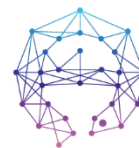
Facilitation

Immuniser



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Public Education & Advocacy/Facilitation



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JUST ASK! KNOW YOUR MEDICINES

ARE VACCINES USEFUL?

The **MINISTRY OF HEALTH NATIONAL ADULT IMMUNISATION SCHEDULE** recommends that the following people get vaccinated against influenza and pneumonia

ANY PERSONS AGE 65 YEARS AND OVER

PEOPLE WITH LONG TERM MEDICAL CONDITIONS SUCH AS: ASTHMA, CHRONIC LUNG DISEASE, HEART CONDITIONS, HIGH BLOOD PRESSURE, KIDNEY FAILURE, DIABETES

PEOPLE WHO:

- STAY IN NURSING HOMES
- HAVE WEAKENED IMMUNE SYSTEMS

Learn more about these vaccinations here pas.org.sg

Get up-to-date information about COVID-19 at pas.org.sg

GET SHOT!

What is flu?

- A viral infection caused by the influenza virus
- Spreads from person to person via respiratory droplets that are produced during sneezing or coughing
- Causes fever, headache, chills, cough, sore throat, runny or stuffy nose, muscle aches and general tiredness

How to prevent flu?

- The best way to prevent flu is by getting your flu vaccination!
- Vaccination allows your body to build up the immunity against the four most common flu viruses after 2 weeks

Who should get vaccinated?

- Children younger than 5 years old and more than 6 months old
- Adults 65 years of age and older
- Pregnant women (and women up to two weeks postpartum)

What is pneumococcal infection?

- Disease caused by the bacteria, *Streptococcus pneumoniae*
- Can spread from person-to-person by respiratory droplets
- Can lead to pneumonia (lung infection), ear infections, sinus infection, meningitis (infection of the tissue covering the brain) and bacteraemia (infection of the bloodstream)

How to prevent pneumococcal infection?

There are two types of vaccines:

- The pneumococcal conjugate vaccine (PCV13 or Prevnar 13®)
- The pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax®)

PCV13 is recommended for:

- All children younger than 2 years old
- Adults 65 years of age and older
- People 2 to 64 years old with certain medical conditions

COMING SOON TO YOUR TOWN

THE FLU

HERE ARE FOUR FLU VIRUSES THAT CAN CAUSE INFLUENZA. IT IS IMPORTANT TO GET PROTECTED AGAINST ALL OF THEM.

In support of **FIGHT** flu, infection, and other respiratory threats

guardian **gsk**

Learn more on health.gsk.sg

Bridging the Gap: The Pre-Discharge Vaccination (PDV) Program at Tan Tock Seng Hospital, Singapore

Poh Lian Lim¹, MD, MPH, Beng Yi Sia², BSc, Lay Hong Goh², MSc, Christine Teng², MSc
¹Dept of Infectious Diseases; ²Pharmacy, Tan Tock Seng Hospital, Singapore
Corresponding author's email: poh_lian_lim@tsh.com.sg

BACKGROUND	RESULTS
Pre-discharge vaccination has become the standard of care in the US and Canada over the past decade. In Singapore, national guidelines recommend pneumococcal and influenza vaccine for high risk groups.	Tan Tock Seng Hospital (TTSB) is the second largest hospital in Singapore, with 1300 beds and over 57,000 admissions in 2019.
A substantial proportion of inpatients have comorbidities and therefore indications for vaccination. However, vaccine uptake for adults in Singapore remains low, despite national guidelines. We think the problems include awareness among patients, families and health providers, as well as the cost of vaccination. Hospitalisation presents an opportunity to provide vaccine to patients who might not otherwise get it. We therefore implemented an opt-out program to vaccinate all eligible inpatients before discharge.	Before PDV, 25 vaccine doses were given per month on average. With PDV, this increased to 140 vaccine doses per month.
	During the month-long audit, 1550 patients were screened, 594 (35%) were eligible, and 324 (51%) were offered PDV. Of these, 254 (75%) agreed, 142 opted out. Only 132 doctors (8%) endorsed their patients' decision, and 109 (8%) of eligible patients actually received PDV.
	Reasons cited for declining PDV included concern about adverse effects, and doubts whether vaccine was needed or effective.
This would allow the cost of vaccination to be covered in the hospital bill, for which Singaporeans can use their medical savings account (Medisave). We report the results from an audit of the program, to measure uptake and identify problems.	

Figure 1: Patient Flow through PDV Program and Update

Figure 2: Number of Patients Vaccinated for Influenza and Pneumococcal

CONCLUSION

- Started a Pre-Discharge Vaccination Programme whereby pharmacists will recommend pneumococcal and/or influenza vaccination after going through a checklist
- Vaccinations per month **increased 6 fold** from 25 to 140

Implementation of an Adult Pneumococcal Disease and Influenza Vaccination Program in a Community Hospital

Singapore Healthcare Management 2019
Pang Kiah Heng, Lim Sing Choon, Dr. Fatima Singaporewalla
ST. ANDREW'S COMMUNITY HOSPITAL

Introduction

Pneumococcal disease (PD) and influenza are common respiratory diseases preventable with vaccination. Their burden of healthcare in Singapore is substantial, with pneumonia the 2nd most common cause of mortality and up to 3000 people with flu-like symptoms per week.^{1,2} Both types of vaccines have been shown to be cost effective and reduce hospitalisations and mortality.^{3,4}

Despite the benefits, vaccination rates remain low, both nationally and within the hospital.^{5,6} We thus identified a need to develop a screening and administration program.

Aims

- Develop and implement a structured protocol for screening, ordering and administering of pneumococcal (PV) and influenza vaccines of adult patients in St. Andrew's Community Hospital.
- Evaluate the impact of this protocol on vaccination rates.
- Determine and evaluate reasons for the rejection of vaccination from both patients and healthcare providers.
- Monitor the incidences and harms of adverse drug reactions (ADRs).

Survey - Barriers to Vaccinations

Workflow Summary

Results

A survey was done with healthcare professionals and patients in the hospital to assess barriers to vaccination. The survey found that:

- Patients: Lack of awareness, lack of time, cost, and fear of needles.
- Healthcare providers: Lack of time, lack of knowledge, and lack of resources.

- Developed a protocol for screening, ordering & administration of pneumococcal & influenza vaccinations
- Vaccinations per month **increased 14 fold** from 7 to 100.

Barriers to Pharmacists' Vaccination Services



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Barriers being worked on	Solutions
Legislation (Prescription-only Medication & Health Products Act) No access to National Immunisation Record (NIR) High vaccine prices for private sector community pharmacists without subsidy or medical access	Sandbox proposal to Ministry of Health (MOH) <ul style="list-style-type: none">• Revision of vaccine forensic classification from POM to P• Give community pharmacists rights to supply vaccines without prescriptions• Allow claims from MediSave (National medical savings scheme) and reduce out-of-pocket costs to patient
Infrastructure & Training resources	<ul style="list-style-type: none">• Seek Private Community Pharmacy Chains' management support through their Practice Managers
Variable pharmacist confidence and training	<ul style="list-style-type: none">• Formal vaccination training: National University of Singapore (NUS) Department of Pharmacy adopting APhA - American Pharmacists Association curriculum• PSS organised Continuing Education (CE) and training workshop

Barriers to Pharmacists' Vaccination Services



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Barriers being worked on	Solutions
Inconsistent Vaccine documentation in NIR as it is not mandatory recording for adult vaccination	<ul style="list-style-type: none">• Sought clarification on the documentation processes at different public healthcare cluster, private institutions• Aim to draft up a guidance document for vaccine records screening and reconciliation
Unknown acceptance for pharmacist-led vaccination from patients and other healthcare professionals	<ul style="list-style-type: none">• Strong public advocacy and education from pharmacy in social media and public healthcare institutions• Building up image of pharmacists as advocates of vaccination to ease transition towards our destination as immunizers, through increasing the team based collaboration opportunity with other healthcare professionals

Insights

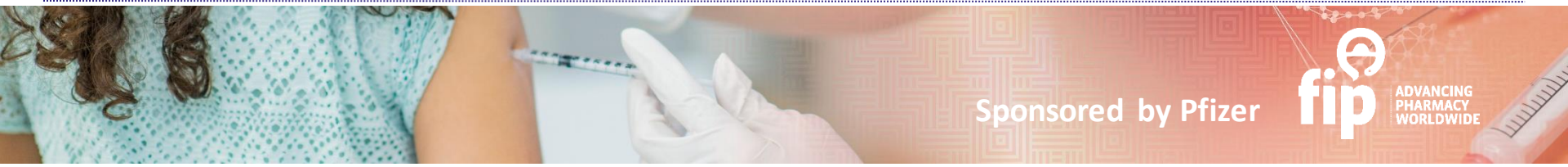
- Consistent public education on importance of preventive health and vaccination
- Effective and regular public engagement to inspire confidence in pharmacist-led vaccination programmes
- Unity amongst pharmacy leadership from all sectors to drive change
- Ensure adequacy of training and resources to build a competent and confident pharmacy workforce to drive the required change
- Start small to build confidence within the team as well as rapport with other HCP for them to see the value of your involvement
- Morphing of legislation and financial model to facilitate change



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Speaker 2

Faraz Ashraf

Deputy director pharmacy / joint secretary
of Pakistan Pharmacists Association

The children's hospital and the institute of
child health, lahore



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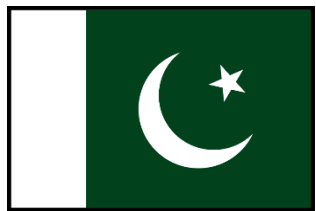
Speaker(s)



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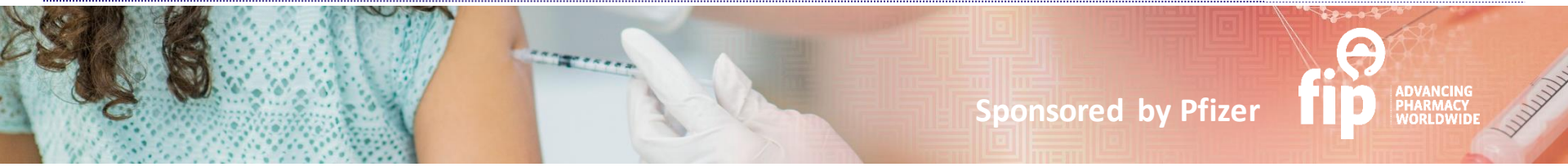


Dr. Faraz Ashraf

Pharm-D, M.Phil (Pharmaceutics)

Deputy Drugs Controller / Deputy Director Pharmacy
Provincial Inspector of Drugs

The Children's Hospital & The Institute of Child Health,
Lahore, Pakistan.



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How has the member organization coordinated pharmacy vaccination with regards to strategy and policy?

- Pharmacist as;
 - ☐ Educator
 - ☐ Facilitator
 - ☐ Immunizer
- Incorporation of pharmacists in primary care hospitals, maternity homes and other related healthcare facilities.



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What barriers have they had to overcome?

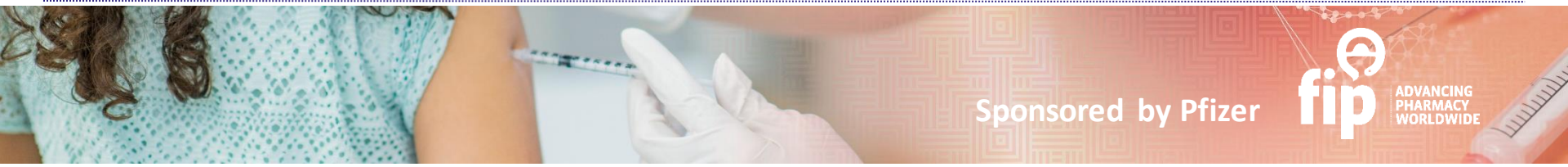


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- Limited number of commercial and government health plans
- Lack of patient share record system
- Financial barriers
- Political barriers
- Lack of trainings



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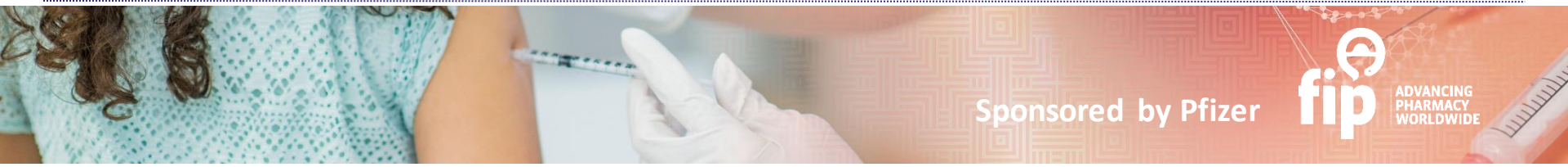


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What have been the major drivers for transforming vaccinations in your region?

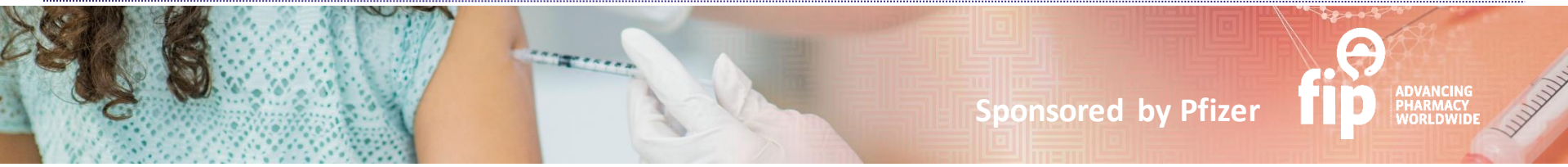


- Cold chain maintenance
- Regular meet-ups with health officials for follow-ups
- Trainings of the Master Trainers so that they can train other pharmacists.
- Establishment of vaccination centers in the community pharmacy setups.



What insights to they have for other countries wanting to advocate for pharmacy vaccination?

- Incorporation of pharmacists at the very first health facilities i.e private clinics, Hospitals and other health care centers for the proper utilization of vaccination processes.
- Regular trainings of pharmacists on vaccination.
- Proper trainings should be conducted in mother & child care homes during regular visits of mothers in maternity period.
- Proper vaccine centers should be established at every healthcare level and should be monitored under the strict supervision of trained pharmacist.
- Awareness in parents regarding the vaccination of their children.
- Professional associations to engage health ministries/ officials and Governments for the realization of vaccination alongwith the incorporation of Pharmacists in the process for better outcome, better health, and better cure.



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Speaker 3

Manjiri Gharat

Vice President
Indian Pharmaceutical Association

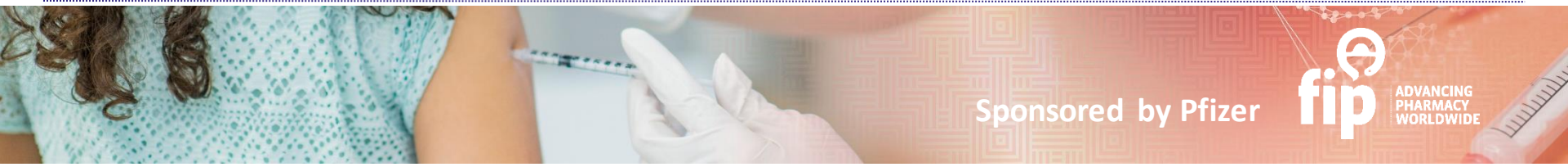
Vice-President, FIP (effective from 28
September) Former Vice-President, FIP CPS
(term finishes on 16 Sept)



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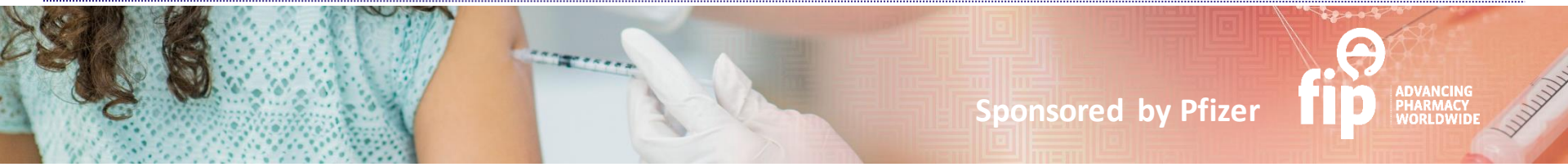
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How has the member organization coordinated pharmacy vaccination with regards to strategy and policy? India



- Indian Pharmaceutical Association (IPA) has been advocating with the Government of India for larger role of pharmacists in various national health programmes including Immunisation.
- Till date, there is no policy framed by Government to include pharmacists in vaccination.
- Pharmacists are continuously sensitized through Continuing Professional Development programmes, articles for their expanded scope of practice by illustrating the role of pharmacists globally
- In the recent decision, IPA along with SEARPharm Forum has decided to appeal Government to consider Pharmacists in the background of COVID 19 and shortage of healthcare workers



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What barriers have they had to overcome?

- Excessive workload
- Shortage of staff
- Lack of education and training
- Lack of clarity if there exists any relevant policy for such new role

Ref: Status of Pharmacists in Immunization in India, Manjiri Gharat, Sunil Chavan et al, FIP Congress 2018



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What do they see as the future for pharmacy vaccination?



- Study revealed that pharmacists have interest to participate in Vaccination programme
- About 90% of pharmacists didn't expect monetary incentives but did wish for non-monetary incentives
- Pharmacies do stock few vaccines in Pharmacy such as DPT, Hepatitis B



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What could be way forward?



- In India, vaccination coverage is yet not 100%
- About 700,000 Pharmacies are present in every nook and corner of the country
- Pharmacies if involved, can strengthen the health system and share the burden

Role can be developed in phases:

1) Stage One: Pharmacies will be center of Awareness for the community.

Pharmacies can tie up with local health authority to ensure maximal coverage of immunization

2) Stage Two: Pharmacists to be trained for injecting vaccines and Pharmacovigilance, Run a pilot for learnings and then scale it up



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Speaker 4

Indre Treciokiene

Chair of the Public Pharmacy Commission,
pharmacist

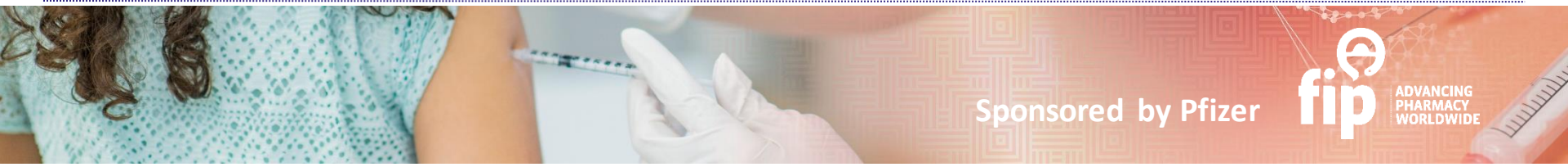
Lithuanian Pharmaceutical Association



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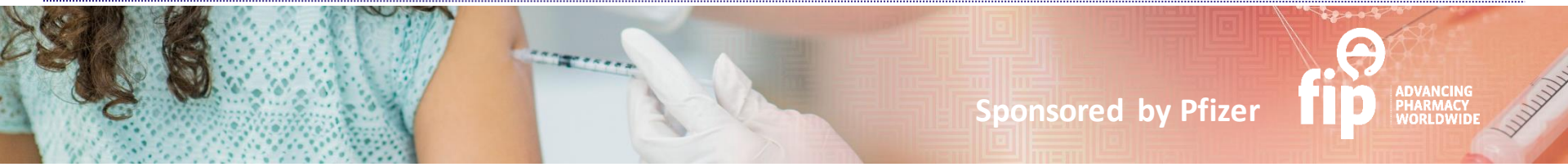


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How has the member organization coordinated pharmacy vaccination with regards to strategy and policy?

Community pharmacies in Lithuania traditionally provide dispensing services

- In 2015 the idea that pharmacists could vaccinate was introduced to health authorities by the pharmacy chain
- In 2018 initiative to promote possibility of immunization services at pharmacy were introduced:
 - Advocating immunization services to health authorities
 - Advocating immunization services to health care professionals
 - Advocating immunization services to pharmacists



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What barriers have they had to overcome?

- Resistance from pharmacists
- Resistance from physicians
- Complexity and intricacy of health care system
 - Pharmacists are not considered as health care providers in Lithuania
 - It is not allowed to provide health care interventions under pharmacy license
 - Vaccination services are not reimbursed as individual intervention (only as a part of general health care services to GP)
 - Pharmacists can't access patient's health care profile



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What have been the major drivers for transforming vaccinations in your region?

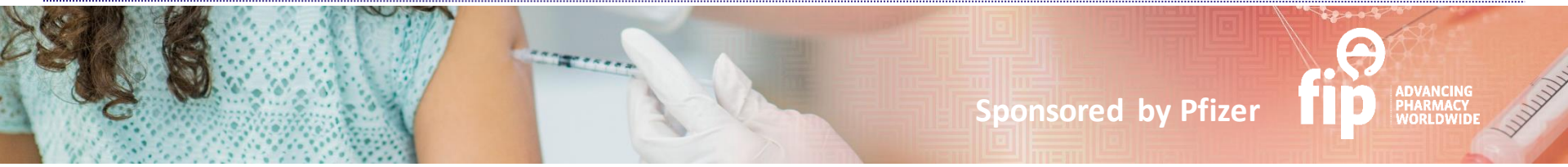


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- Transformation of pharmacy profession, professional recognition
- Meeting the community need of immunization services
- Increasing vaccination coverage with ease of location and availability
- Future epidemiologic need for COVID-19 vaccination



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What insights to they have for other countries wanting to advocate for pharmacy vaccination?

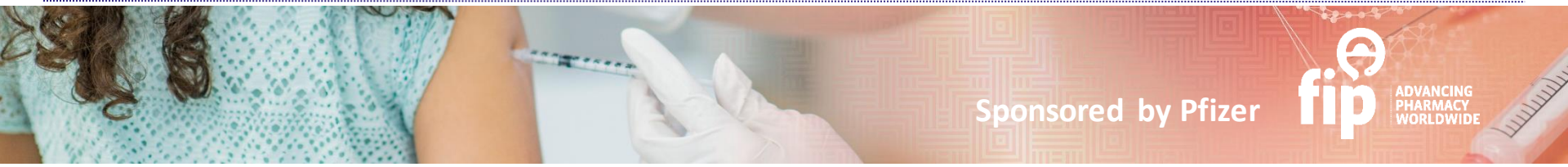


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- Advocate the pharmacy profession and competencies
- Organize meetings, conferences and seminars to both physicians and pharmacists
 - Seek FIP endorsement
- Find key players and opinion leaders to advocate or to support immunization in pharmacy



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Speaker 5

Samira Shammas

Chair of Immunization Advocacy Project

Jordan Pharmaceutical Association

FIP's Vice President



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OUR FIRST AGENDA WAS

To answer to :

Vaccination is everyone's problem ????

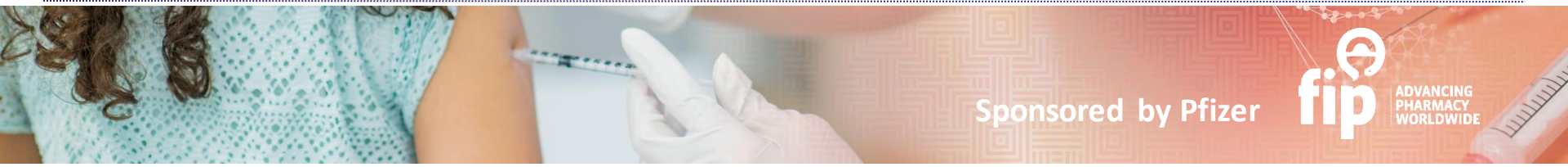
Can pharmacists be part of the solution ???



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PROPOSAL AT GLANCE

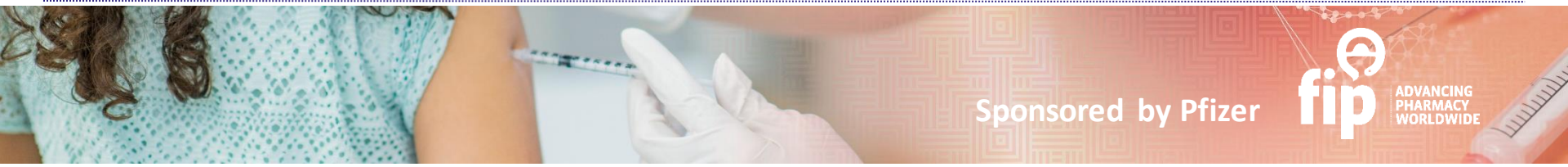


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- Since the 1990, the profession had embarked on being **part** of the **health system besides the dispensing role**.
- Due to the multifaceted advantages and added values that the **community pharmacist** can offer, the new **role of immunization** would be part of this service. Therefore, we are proposing:
“Implementation of Immunization in the community pharmacy as a health service partnering in health care



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Situational analysis

Pharmacy profession in its two settings, the community and hospital practice is directly impacted by health policies whether it be external or professional factors

External Factors

- These are but not limited to
 - Advancement of Sciences and pharmaceutical sciences
 - Ageing of population
 - Pharma industry and the innovation of new molecules
 - Burden of diseases including both communicable and non communicable diseases
 - Health system policies, health economics and cost of diseases
 - .

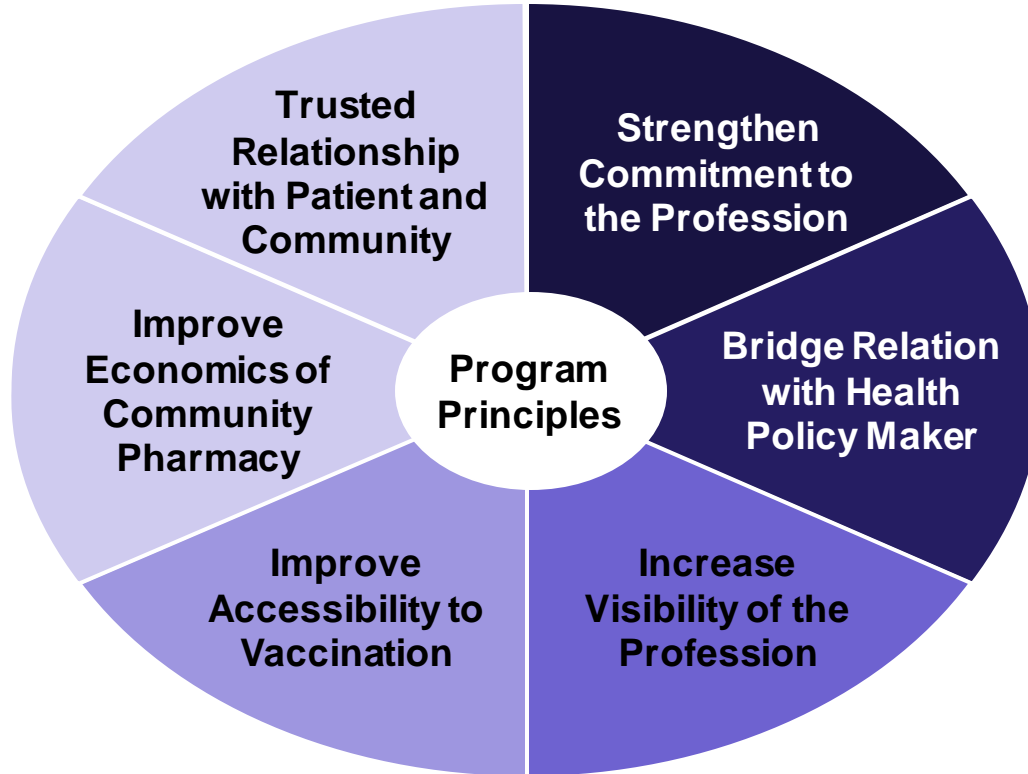
Professional Factors

- Accessibility & quality of services for the pharmacy profession offering the competent and well trained pharmacists.
- WHO Astana declaration
- Amman Declaration
- MOH health Policies i.e Vaccination as preventive net to NCDs & AMR
- JPA endorsement for the role of PHARMACIST as health care provider.
- Role of Academia towards Pharmacy Care

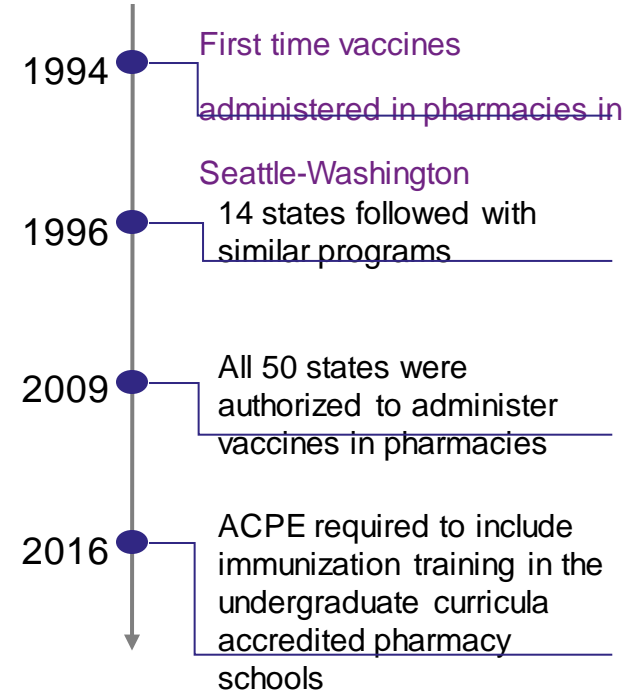
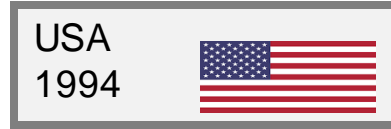
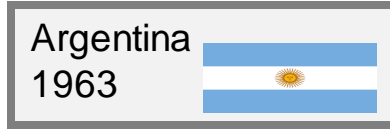
Why pharmacists

	Pharmacy	
Skilled Staff	✓	<ul style="list-style-type: none">○ <i>Pharmacists training can be complemented with focused certification program</i>
Controlled Conditions	✓	<ul style="list-style-type: none">○ <i>Pharmacies are already equipped to store, handle and dispense medicine</i>
National Reach	✓	<ul style="list-style-type: none">○ <i>Wide distribution of pharmacies and long operating hours</i>
Supply Chain	✓	<ul style="list-style-type: none">○ <i>Supply chain and distribution eco-system already established including ordering, receiving, billing and payment</i>
Reporting & Feedback	✓	<ul style="list-style-type: none">○ <i>n levels of Pharmacists ensures they are able to nation as needed and report back</i>

Principles of proposed program



Global case studies



Potential resistance points

Medical Doctors along
with their Associations

Perception of Non-compliance
with Cold Storage Guidelines

Legal barriers pretext

Absence of Privacy
in the Setting

Lack of Good Distribution
Networks for Vaccines

Misleading Information

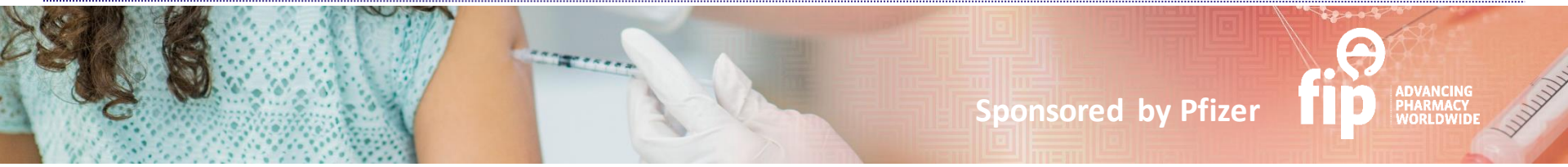
Vaccination Guidelines /year 2009

Article 5 / 3 :Any Center that MOH accredits in line with Article 28 A of the Public Health Law

اي مراكز تعتمدھا الوزارة و فق احكام المادة 28 أ من قانون الصحة العامة

Article 6 : Vaccination service is offered by health official being qualified and trained for this purpose

لمادة 6: تقدم خدمة التطعيم من قبل كوادر صحية مؤهلة و مدربة لهذه الغاية



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Create a new department within the JPA Structure “Pharmaceutical Care department” to follow up on the immunization project, maintain and update processes including the following but not limited to :-

1. Introduce & amend the relevant laws to certify the community pharmacies as centers for immunization, to define pharmaceutical care and to list the guidelines and standards of pharmaceutical care in line with the endorsed and agreed upon in the WHITE PRINT for GPP of 2010
2. Expand the vaccination services offered by community pharmacists nationally to include but not limited to TRAVEL VACCINES
3. Recommend vaccination for insurance beneficiaries
4. Arrange to implement electronic national immunization record
5. Ensure that the receipt of vaccination is documented in patient medical record & immunization registry with MOH/ VACCINATION DPT
6. Raise awareness of immunization need as an important safe preventive measure through mass media & social media as in counter to misconception about the vaccines
7. Provide immunization education & training of community pharmacists
8. Include the immunization & its application in the pharmacy school’s curriculum so graduates will fulfill the immunization practice
9. Attract corporate sponsors for training community pharmacists on immunization & for helping them in qualifying their vaccination premises
10. Assign an accreditation entity for the immunization program

MARKET RESEARCH ON PHARMACEUTICAL CARE AND IMMUNIZATION ADVOCACY PROJECT IN JORDAN

Summary Presentation



OBJECTIVES

Two segments were interviewed in the study to capture the below objectives:

PHARMACISTS

- *Understand the current perceptions on the roles of pharmacists*
- *To capture the current practices with regards to vaccines sales and administration of the same*
- *Acceptability and willingness of administering vaccines at own pharmacy*
- *To capture perception of role of community pharmacists in providing immunization*
- *Acceptance and willingness to enroll in programs to become certified immunizers, the willingness to facilitate own pharmacy to administer vaccines*

PUBLIC

- *Understand the current perceptions on the roles of community pharmacists*
- *Assess the current practices and preferences when it comes to immunization through vaccines*
- *To capture the current practices with regards to taken vaccines*
- *Understand the current perceptions on vaccines in general*
- *Understand the perceptions towards having pharmacists administer the vaccines to people*

JORDAN COMMUNITY PHARMACIST IMMUNIZATION GUIDELINES

دليل
صيدلي المجتمع
للتطعيم
في الأردن



Developed By: Dr. Ahmad Al-Rusasi
Arabic Translation By: Dr. Feras Elhajji
Reviewed By: Immunization Advocacy Program Reviewers Board

إعداد: الدكتور أحمد الرصاصي
ترجمه إلى العربية: الدكتور فراس الحجي
مراجعة وتثقيف: فريق المراجعين لبرنامج التطعيم

Pharmacy-Based Immunization Delivery Training proposed modules

- **Activity Preview**
- JPA *Pharmacy-Based Immunization Delivery* certificate training program is based on national educational standards for immunization training. This practice-based curriculum represents a fusion of science and clinical pharmacy. The program, which emphasizes a health care team approach, seeks to foster the implementation of interventions that will promote disease prevention and public health.
- The purpose of this certificate training program is to prepare pharmacists with comprehensive knowledge, skills, and resources necessary to provide immunization services to patients across the life span
- **Activity Type:** Practice-based
Target Audience: Pharmacists in all practice settings

- **Goals and Learning Objectives**
- **Educate pharmacists about:**
 - The impact of vaccines on public health.
 - Pharmacists' roles in immunization.
 - Immunologic principles of vaccine development and immunizations.
 - Vaccine-preventable diseases and the vaccines used to prevent them.
 - Strategies for improving immunization rates.
 - Requirements for pharmacists who provide immunization services.
- **Prepare pharmacists to:**
 - Read an immunization schedule and identify appropriate vaccines for individuals across the life span and with special needs.
 - Educate patients about the benefits of vaccines and dispel myths about vaccines.
 - Safely administer vaccines to patients via subcutaneous, intramuscular, intranasal, and intradermal routes.
 - Operate an immunization service in compliance with legal and regulatory standards.

DESIGNING THE MODULES FOR TRAINING

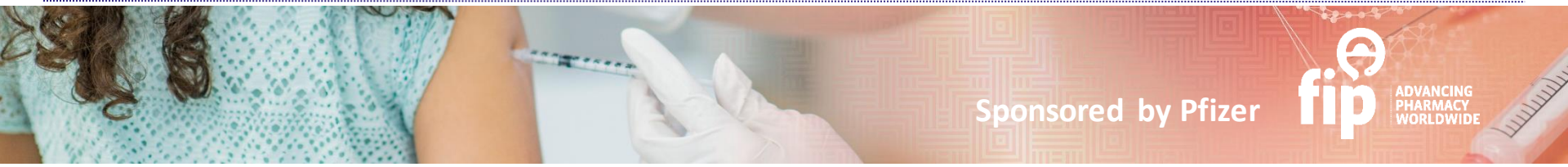


FIP DIGITAL PROGRAMME

TRANSFORMING
VACCINATION

GLOBALLY & REGIONALLY

- MODULE 1 : Pharmacists, Vaccines and Public Health
- MODULE 2 : Overview of Immunology and Vaccine Development
- MODULE 3 : Vaccine preventable diseases
- MODULE 4 : Patient Care Consideration for immunizing Pharmacists
- MODULE 5 : CPR, FIRST AID AND PRACTICAL TRAINING FOR INJECTIONS



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ADVANCING
PHARMACY
WORLDWIDE

IS VACCINATION EVERYONE'S PROBLEM??? YES CAN THE PHARMACIST BE PART OF THE SOLUTION?

YES , WE as a profession strongly believe in this along with our Leadership setting the roadmap for this vital service by offering :

- A well developed educational program that is technically strong,
- Be proven to deliver the desired objectives,
- Must prepare pharmacists to deal with these objectives



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TAKE HOME MESSAGE



FIP DIGITAL PROGRAMME

**TRANSFORMING
VACCINATION**

GLOBALLY & REGIONALLY

- IMPOSSIBLE , A WORD FOUND IN THE DICTIONARY
- BELIEVE IN YOURSELF, IN YOUR PROFESSION.
- PHARMACIST SHOULD BE ON THE TABLE WHENEVER MEDICINE IS TO BE DISCUSSED
- SET YOUR PRIORITIES, PLAN AND LEAD



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ADVANCING
PHARMACY
WORLDWIDE



ACKNOWLEDGEMENT /WG OF IAP

- 1. PHC LAILA JARRAR
- 2. PHC FADIA SAMARA
- 3. DR RULA DAEWEESH
- 4. PHC MONA JUDEH
- 5. Dr IMAN BASHITI
- 6. PHC MANAHI AYYASH
- 7. PHC MAIS AL ALMIN
- 8. PHC MARAM AL HAJJ AHMED
- 9. Phc IMTITHAL KHALAF
- 10 . PHC BASSAM ABDEL RAHEEM
- 11. PHC AHMED RUSASI
- 12. DR FIRAS AL HAJJI5.
- 13. PHC ATEF HASSOUEH
- 14 PHC SAMIRA SHAMMAS



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GLOBALLY & REGIONALLY

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FIP call to action to expand the role of community pharmacies in vaccination, including against COVID-19 and other future pandemics



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FIP DIGITAL PROGRAMME

**TRANSFORMING
VACCINATION**

GLOBALLY & REGIONALLY



To register

SCAN ME



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SERIES 1. Identifying transformation needs:

The needs of the pharmaceutical science, practice and workforce of vaccination.



Episode 3

Enabling practice: Empowering pharmacists & removing barriers

Date 2 October **Time** 14:00 CEST



Moderator

Ema Paulino

Professional Secretary
FIP (Portugal)



Co-moderator

Paul Sinclair

Community Pharmacist
FIP (Australia)



Panellist

Dalia Dawoud

Associate Professor
Cairo University, Faculty of Pharmacy
(Egypt)



Panellist

Helena Rosado

Senior Research Development Manager &
Professional Development Pharmacist
Royal Pharmaceutical Society
(UK)



Panellist

Sofía Segura

Professor
University of Costa Rica and
College of Pharmacists of Costa Rica
(Costa Rica)

Next Event



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VACCINATION**

GLOBALLY & REGIONALLY

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Thank you for participating!
