FIP Transforming Vaccination Globally & Regionally

Series 2 Setting transformative goals

2.3 Removing policy barriers to pharmacist vaccinations: FIP DG 13 Policy Development
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

Become a member of FIP at www.fip.org/membership_registration

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Professor of Pharmacy Policy and Practice – Centre for Pharmacy Workforce Studies, The University of Manchester

Global Lead, FIP Development Goal 13 (Workforce Policy Formation)

**Chima Amadi**

Education and Training Personnel – Pharmacists’ Council Nigeria

Global Lead, FIP Development Goal 13 (Workforce Policy Formation)
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.

FIP DIGITAL PROGRAMME
TRANSFORMING VACCINATION
GLOBALLY & REGIONALLY

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

ROADMAP
SEPTEMBER TO DECEMBER 2020

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

Main outcome
Discussing mechanisms and drivers to progress the most relevant FIP Development Goals (FIP DGs) in the context of transforming vaccination in pharmacy.

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?
Today’s Learning Objectives

To understand the impact of FIP Development Goal 13: Policy Development in the Transformation of Vaccination Globally and Regionally
Speaker 1

Walter da Silva João
President
Brazilian Federal Council of Pharmacy (CFF)
Brazil has one of the largest public immunization programs in the world

- National Immunization Program (NIP) - created in 1973 and part of the Unified Health System (SUS)

- 19 types of vaccines
- 300 millions administered doses/year
- 36 thousand vaccination rooms
- R$3.9 billions/year - cost to SUS
There has been a reduction in rates in recent years

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Main Problems

There has been a reduction in rates in recent years - causes

- The Program's effectiveness is threatened:
  - Chronic problem of underfunding of the Health System
  - Inconsistency of official data on vaccination coverage
  - Society’s sense of false security - perception that there is no need to vaccinate
  - Misinformation movement in society - anti-vaccine movement
The strategic agenda for the Brazilian pharmacist

► In Brazil the Organic Health Law establishes that therapeutic assistance is a universal right and that it should include **Pharmaceutical Assistance**

► The agenda for the participation of pharmacists in immunization actions is part of the strategic vision of **guiding Brazilian Pharmacy** towards the provision of pharmaceutical services, advocated by CFF

► CFF advocates the use of the workforce of pharmacists as a resource to strengthen the NIP and contribute to the recovery and expansion of vaccination coverage
WHAT HAS CFF DONE?

Defining a strategic agenda

- Pact between professional entities and organizations
- Opening of a dialogue channel with the government, parliament and stakeholders
- Dialogue with society’s organizations
- Investment in internal communication with the profession
WHAT HAS CFF DONE?

Unity in Action
WHAT HAS CFF DONE?

Mobilization
**What has CFF Done?**

**Mobilization**

*“Article 7: Pharmacies of any type may offer immediate care services to people, including medications, vaccines and serums that are required by the epidemiological profile of the population.”*

**LAW 13,021/2014**
WHAT HAS CFF DONE?

Political articulation
Social visibility
**WHAT HAS CFF DONE?**

**Continuing Education**

Certificate Training Program in Pharmaceutical Care

- Community Pharmacy
- Public Health Services (Brazilian Unified Health System - SUS)

Certificate Training Program in immunization (40 hours)

- CFF has developed a certified training program to prepare pharmacists with extensive knowledge, skills and resources needed to provide immunization services to patients
Howard Rice
Hon. President & International Liaison Officer
Pharmaceutical Association of Israel
The stumbling blocks before pharmacy vaccination legislation
What needs to be done, why and how

Legislation in Israel

- Late 2016 new legislation introduced regulations that became law in 2017.
  
  i) Consultations, both at point of dispensing and in depth for problematic patients
  
  ii) Performing diagnostic tests
  
  iii) **Giving vaccinations in the pharmacy.** The conditions are listed below;

1. Only a pharmacist registered for vaccinating after 62 hours academic study and passing an exam. This is at his expense (time and payment of locum pharmacist- or closing the pharmacy!) This affected private community pharmacies only, the MCOs who were given paid time off for study.

2. Pharmacy must have a Consulting room with phone, bed and sink, Adrenalin inj. on hand etc. all in case of anaphylactic shock or other emergency.
What the Regulations failed to consider

1. Minimum fee for service agreed by MCOs – Today home visits MCOs charge is about $10!

2. Money to be refunded for loss of time of closing pharmacy whilst having the weeks study. As it is now it is the pharmacist’s expense!

3. MCOs and Ministry succumbed to the demands of physicians and nurses NOT to permit this - fear of treading on their toes!

4. A public explanation campaign to convince both public and parliament of the need for easily accessible and speedy vaccination. Reducing the work load at the MCOs*.

5. Ensure that all vaccines *would administered and be available to ALL - medicine shortages.

6. Refund the cost of disposal of medical waste*

* Our Association is now negotiating this at present
So what to do?

- Have your association provide the necessary courses organized “in house” at a time and place convenient for members.
- Lobby parliament to understand the need for speedy vaccinations before the “flu” season and in the advent of a Pandemic!*
- Hold a public campaign explaining the advantages of vaccinating at the local pharmacy saving both time and money by not going to the MCO or surgery.*
- Association should make available equipment to quickly transform consulting rooms as required by the new legislation*.
- Ensure equality of vaccine supply to all outlets.

* our Association is negotiating this at present
Why should we convince governments?

• The added value of pharmacists helping in mass vaccination in an ever increasing problem with an aging population and is imperative and vital, particularly for the over 65 years old.

• Recommendations for vaccinations of 1. Tetanus, Diphtheria, Pertussis every 10 years. 2. Pneumococcal disease/vaccine, for those up to the age of 64-unless immuno-compromised. 3. Influenza- yearly and 4. Herpes Zoster-recommendation for four yearly follow ups.

• This work load is far too much for physicians, clinics and MCOs alone.
FIP has identified the problem

You can look up the reference below for additional reading!

2.3 - Removing policy barriers to pharmacist vaccinations

FIP DG 13 Policy Development

https://www.fip.org/fip-development-goal-13
Shane Jackson
Community and Consultant Pharmacist-
Pharmaceutical Society of Australia
FIP - Community Pharmacy Section
Executive Committee Member
Utilising FIP Reports and Resources

An overview of current pharmacy impact on immunisation

- Important report to guide vaccination efforts in FIP member countries
- Ability to use developments in other FIP member countries to support policy and legislative change in your own country
Utilising FIP Reports and Resources

FIP global vaccination advocacy toolkit

- Extraordinary resources to assist in planning vaccination by pharmacist adoption or expansion
- Evidence base
- Stakeholder engagement
- Training and workforce
- Implementation resources
Highlighting discrepancies and encouraging consistency

Variation of states / provinces allows for future development

- Advocacy can be targeted at state/province level and promulgated at a national level
- Creating the need for change at a local level by highlighting variability
Data, data, data

Utilise National Vaccine Surveillance Reports

- Utilise data to show that pharmacists can support access
- If the data is NOT available then efforts should be directed at collecting or advocating for the collection of data
- Work with academic partners to identify barriers to access

Measles, mumps, rubella (MMR) vaccine coverage at 24 months of age (2 doses) by Statistical Area 3, Australia and major capital cities, 2018

Sponsored by Pfizer
FIP Global Development Goal

• Clear pharmacy-led strategies to develop and implement needs- and evidence-based practice-related policies on service implementation, integration and remuneration, aligned with broader national health policies and priorities.
FIP Development Goal 13 Practice Element

• Develop and implement policies and regulations through appropriate statutory and regulatory reform, that responds to patient and societal needs and extends the scope of pharmacy practice accordingly.

• Use policy tools and regulations to support and shape pharmacy practice in all jurisdictions and provide adequate frameworks for service implementation, integration and remuneration.

• Develop policies and mechanisms to incentivise and encourage intra- and inter-professional collaboration integrated care delivery.

• Implement policy review systems that measure the validity, relevance, implementation and uptake of policies.

• Develop emergency and contingency action plans to expand the scope of practice in emergency situations.
Episode 4
Pharmacist vaccinators and communicable disease management: FIP DG 16 Communicable Diseases

**Date** 10 November  **Time** 14:00 CET

**Interviewer**
Catherine Duggan
CEO
International Pharmaceutical Federation (FIP)
(Netherlands)

**Interviewee**
Michael Klepser
Past President - Society of Infectious Diseases Pharmacists
Professor Pharmacy Practice
Ferris State University
(USA)
Thank you for participating!

Recording of this episode will be available at
www.fip.org
www.transformingvaccination.fip.org

Your feedback is welcome at
webinars@fip.org