PhaRMeD
Trade News
Creating Value for Doctors, Pharmacists and Patients

Vol:4 Issue: 22 March 1-15 2008 Price Rs 20/-

Guest Editorial

New National Pharma Policy on Cards

As part of an exercise to repeal the drug policy of 1994 that is in force at present, government of India released a new policy draft in 2002 after a gap of eleven years, followed by another draft in 2006. However neither of them could take off due to protracted litigations in various courts. Now after long drawn legal battle, a new National Pharmaceutical Policy is in its final stages of review before a fourteen member union ministerial panel and is likely to be promulgated soon. Formulation of a new policy has been necessitated due to several developments like the introduction of product patent regime in pharmaceuticals with effect from January 2005 in place of the erstwhile process patent regime as a result of India becoming a signatory to the WTO and TRIPS agreements. Some of the main concerns to be addressed by the new Pharmaceutical Policy pertain to accessibility and affordability of medicines by the common man particularly the vast segment of poor population, instituting standards of quality, strengthening the fragmented regulatory system, sustaining growth of generic drugs (drugs sold under their chemical names rather than brand names) and meeting the challenge of product patent regime besides price regulation of the essential medicines. The main part of the new draft policy seeks to bring a revamped drug regulatory system both at the Centre and the States. An independent and autonomous body by the name of National Drug Authority (NDA) would be constituted in place of the present Central Drugs Standard Control Organisation (CDSCO). Several of the existing provisions of the Drugs and Cosmetics Act, 1940 would be amended to make the penalties more deterrent for various offences and in particular for spurious and sub-standard drugs. In the long run the proposal of merger of National Pharmaceutical Pricing Authority (NPPA) and NDA would be considered in the form of National Authority on Drugs and Therapeutics (NADT) that will lead to an integrated regulatory system in the country.

Drug pricing and drug safety are other two areas where frequent violations are taking place as there is no integrated machinery to suitably monitor these activities. Amidst reports suggesting that the pharma companies are fixing astronomical prices for essential medicines making them out of reach of the predominantly poor people, Supreme Court of India ruled in March, 2003 that the prices of life-saving and essential drugs be kept under government control. Accordingly govt. prepared a National List of Essential Medicines (NLEM) comprising of 354 drugs that were initially proposed to be brought under government price control. However due to stiff opposition from industrial sector, the price control has ultimately boiled down to only 200 drugs. Still price control to this extent is likely to bring down the sky rocketing prices of some crucial life-saving drugs. There are several cases pending in various courts against all the top pharmaceutical companies for overcharging the consumer. The government has not been successful in recovering these overcharged amounts estimated to be several hundreds of crores of rupees because of the inadequacy of the current enforcement machinery and due to the fact that at present only 74 drugs fall under govt. price control mechanism. For remaining drugs, prices are fixed by the pharmaceutical companies in accordance with well-established norms and formulae.

For making available anti-cancer and anti-HIV/AIDS drugs at reasonable prices to a much larger section of the population, government would evolve a public–private partnership programme with the concerned manufacturers and cancer hospitals. At any given point of time there are about 20 to 25 lac people suffering from cancer in India and as many as 5.1 million people are affected by HIV/AIDS, about 85% of the South Asian total. Most of these patients are unable to afford the cost of expensive anti-cancer and antiretroviral (AIDS) drugs. Government would completely exempt anti-cancer and antiretroviral drugs from all types of central taxes - excise duty, import duty etc and the states would also be asked to exempt these medicines from all types of state and local levies. Industry and trade would be asked to reduce their margins – both profit and trade margins to the barest minimum level and all these benefits would be passed on to the consumers. Drugs for other life threatening diseases requiring life long treatment would also be identified and brought under the public-private partnership model. Further it has been decided to reduce the excise duty on all pharmaceutical products from 16% to 8%. This step is likely to reduce prices of medicines. Since last year, all medicines are required to have a label declaration of

Con.. page 2

PhaRMeD
TRADE NEWS
3-3-62/A New Gokhale Nagar, Ramanthapur,
Hyderabad - 500 013
Tel Fax : 040-27030681, Mobile : 98495-51183
E-Mail : pharmedtradenews@yahoo.com
www.pharmedtradenews.com

Editor & Publisher
V. Bhava Narayana
Associate Editors
Dr. Aniruddha Malpani, M.D
Dr. Mahesh Sharma, M.D (Ayurveda)
Prof. G.P.Mohanta

This Publication is Only for the use of Medical & Pharmacy Professionals

Printed, Published and Owned by V. Bhavanarayana, and printed at Kala Jyothi Process Pvt. Ltd., 1-1-60/5, R.T.C. 'X' Roads, Musheerabad Hyderabad - 20.
Published at 3-3-62/A New Gokhale Nagar, Ramanthapur, Hyderabad - 500 013, R.R. Dist. Editor : V. Bhavanarayana *
RNI No.: APBIL/2004/12036 Postal LIC NO : HSE 806/2004-06.

* Person responsible under PRB act for selection of news

retail sale price in the form of MRP "inclusive of all taxes". From the consumer's point of view this step was most desirable. A new Drug Price Control Order (DPCO) replacing the existing DPCO 1995 would be issued under the Essential Commodities Act, 1955. In order to exercise more effective monitoring and control of the prices of drugs, a new Act to replace the existing system of Drug Price Control Orders would be enacted by the name of Drugs and Therapeutics Regulation Act (DATA) that will allow levying of penalties that would be graded – fines, temporary withdrawal of marketing approval, withholding of marketing approval, sealing of production facilities, compounding of offences etc. So far there was no provision for imposing fines for violation of any DPCO statutes. Further greater role and accountability of State Drug Controllers would be specifically provided under the Act.

It is seen that generally generic drugs are priced much lower than the branded ones. Presently the branded drugs dominate the market in India and there is a very small presence of the generic drugs. One of the ways to make available cheaper drugs to people at large and to the public health system could be to promote the production of generic drugs in the country. This would be done by giving preference to generic drugs during procurement and distribution of drugs through the public health system. No govt. control on price fixing of generic drugs would be specified. Further it has been agreed that the retail margins for these drugs would be kept at 35 per cent while the wholesale margins would be 15 per cent. Indian Pharmaceutical Alliance has predicted that to double the pharmaceutical exports by 2010, there is need for highly trained manpower of one thousand per annum for the next five years. As such, five more National Institutes of Pharmaceutical Education and Research would be set up on the analogy of NIPER, Mohali, Chandigarh which has been declared an institute of national importance by the Act of Parliament and is engaged in training the human resources in the field of Pharmaceutical Sciences. It is imperative for the Indian pharmaceutical industry to accelerate its efforts in Research and Development (R&D) sector. The present level of expenditure on R&D (about 5% of turnover) is much lower as compared to most of the developed countries (15 to 20%). With a view to encourage R&D in pharma sector, suitable incentives would be provided to R&D intensive pharmaceutical companies fulfilling certain conditions like Gold Standards besides giving them price benefits for the drugs under DPCO.

An annual grant of Rs. 150 crores would be allocated towards the Pharmaceutical Research and Development Support Fund (PRDSF) for utilization in funding R&D projects of research institutions and industry. Priority would be given for R&D in case of diseases that are endemic to India like malaria, tuberculosis, hepatitis-B, leishmania (kala-azar), HIV/AIDS etc. A special scheme for setting up pharmaceutical parks on the lines of Integrated Textile Parks in the next five years is also proposed. Each park would be set up in a minimum area of 250 acres for bulk and 100 acres for formulations. Besides these initiatives, new Pharmaceutical Policy seeks to make drugs available free of cost to over 26% population of the country living below poverty line through National Health Insurance Scheme, National/ State/District Illness Assistance Funds and District Drug Banks. A 2% health cess is proposed to be levied on the lines of education cess to fund these schemes. At present enforcement of quality and standards in medicines is being done through the provisions contained in the Drugs and Cosmetics Act, 1940 that is administered by the Ministry of Health and Family Welfare. However the aspects relating to industrial licensing and pricing of drugs are instituted by the Ministry of Chemicals and Fertilizers. The new policy seeks to change the name of Department of Chemicals and Fertilizers so as to reflect Pharmaceuticals also. Accordingly the proposed new name is Department of Chemicals, Petrochemicals and Pharmaceuticals. An overall goal of the new policy will be to make quality medicines available at affordable prices to all sections of the society.

- Geer Muhammad Ishaq

Author is Lecturer in the Dept. of Pharmaceutical Sciences, University of Kashmir and can be mailed at ishaq@kashmiruniversity.ac.in

Pharmacovigilance in Europe and patient safety: no to deregulation

A series of public health disasters (from thalidomide in the 1960s to rofecoxib (Vioxx°) at the beginning of this century) have served to remind us that effective pharmacovigilance is crucial for the protection of citizens. Regrettably, the European Commission's proposed legislative changes, published on 5 December 2007, pose a serious threat to public health (1). On the pretext of simplifying administrative procedures and "rationalising the system", the Commission's proposals undermine the European pharmacovigilance system and represent a major backward step for the evaluation of medicinal products and will expose European citizens to medicines that have been less thoroughly evaluated prior to authorisation by: Making conditional authorisations the norm rather than awarding them only in exceptional circumstances, when there is an urgent therapeutic need, as is currently the case. Proposing to delete "therapeutic efficacy is insufficiently substantiated" from the list of reasons for refusing a marketing authorisation or drug withdrawal. Entrusting pharmaceutical companies with the task of gathering and analysing data, issuing warnings and informing of their products' adverse effects.

Proposing that post-authorisation studies and risk management plans can only be requested by marketing authorisation committees under limited conditions, and that the "risk management" system shall "be proportionate to the identified and potential risks taking into consideration the information available on the medicinal product".

Placing pharmacovigilance responsibilities on the holder of the marketing authorisation.

Asking patients to notify directly to the companies adverse effects for intensively monitored drugs.

Subcontracting the monitoring of "all available relevant data including data on Eudravigilance for signals of new or changing risks (…)"to the pharmaceutical companies. It will also be up to the companies to alert the authorities in the event of new data likely to affect their product's risk-benefit balance.

Delegating to the pharmaceutical companies the interpretation of post-authorisation studies to detriment of drug regulatory agencies, which will then loose their authority and expertise.

Planning to abolish the requirement for public funding of pharmacovigilance, foreseen in the 2004 legislation and to allow pharmacovigilance to be directly funded by the firms through the marketing authorisation fees paid to the agencies.

Redressing the balance

The Medicines in Europe Forum, ISDB and HAI Europe strongly condemn the Commission's proposals and call on it to re-focus its efforts and defend the public interest, in accordance with its remit to protect European citizens (Article 125 of the Treaty establishing the European Community).

The above organisations' concrete proposals to strengthen pharmacovigilance effectively fall into four categories:

more stringent marketing authorisation criteria to ensure the approval of medicines offering a genuine therapeutic benefit;

guaranteeing the transparency of pharmacovigilance data, information and decisions;

granting authorities the means to be financially and morally independent from the pharmaceutical companies;

ensuring resources are in place for effective pharmacovigilance systems.

These proposals are set out in detail in their joint contribution to the Commission consultation which is available online at www.haiweb.org

PHARMED NEWS

D.C ARRESTED

With the arrest of Himachal Pradesh drug controller Sher Singh Thakur for allegedly accepting bribe from some Pharma companies in Baddi, many of the Pharma units in the state have been put under scanner by the investigating officials for their alleged link with the official.

The cops have already questioned the representatives of some companies to collect more evidences against the arrested official, even as the issue is likely to snowball into a major Pharma scam. The investigating agency is also going into some of the previous orders and approvals given by Thakur to ascertain if there was deeper nexus between him and some of the Pharma units, sources said.

With the state government determined to delve deep to find if counterfeit drugs were being manufactured, some of the Pharma companies are reportedly under the radar. Though the arrest could not make a huge impact on the industry as whole, it has dented the image of the fast growing Pharma industry at a wrong time, industry sources noted.

On the other hand, the leaders in the Pharma industry hoped that it would do good as far as the government dealings are concerned. ``This is an ideal situation to make things more transparent. But it has affected the image of the industry as otherwise, Himachal is known as a peaceful industry-friendly region," observed Himachal Pradesh Drug Manufacturers Association president Sanjay Guleria.

He also hoped that the arrest would not affect the functioning of the industry as the Government was reportedly taking steps to find a replacement for the suspended state licensing authority.

Health Minister Dr Rajiv Bindal has gone on record that the State would take all steps to see that no counterfeit drugs were produced by expanding the scope of the investigation. The investigation team was also trying to find out if there was any nexus between Thakur and some Pharma units, after they unearthed documents related to huge properties of Thakur. They found that the top drug official had built up properties in Shimla, Solan and Mohali, a plot in Una, several bank accounts and lockers, Rs 15 lakh unaccounted cash, fixed deposits of Rs 5 lakh, papers of several land dealings and several general power of attorneys from Thakur residence at Solan. They did not rule out a wider scam in this regard.

Thakur was nabbed red-handed while accepting bribe of Rs 4.95 lakh from different units in Baddi. Police have registered a case under Prevention of Corruption Act and he was sent into custody.

Source-Pharmabiz.com

NEW COURSE

To encourage the diploma holders of pharmacy (D Pharm) to become graduates (B Pharm), the Pharmacy Council of India (PCI) has formulated a proposal to commence a two-year condensed course in pharmacy in all the pharmacy colleges in the country. The new proposal will save one year to the D Pharm students who aspire to become graduates.

A resolution to this effect was passed by the PCI in its executive committee meeting recently. The education regulation committee of the PCI will work out the details of the new course. After finalising the proposal it will be sent to the Union Health Ministry for its final seal of approval, PCI Chairman Dr B Suresh said.

STATINS ALERT

Statins (HMG-CoA reductase inhibitors) are used in patients with hypercholesterolaemia and for the prevention of cardiovascular events.

The benefits of statins are well established and outweigh the risk of side effects in the majority of patients.

Following a review of clinical trial data, spontaneous reports of suspected adverse drug reactions, and published literature, product information for statins is being updated to reflect a number of different side-effects as class effects of all statins.

NEW ADVICE FOR HEALTHCARE PROFESSIONALS

- Patients should be made aware that treatment with any statin may sometimes be associated with depression, sleep disturbances, memory loss, and sexual dysfunction
- Statins may very rarely be associated with interstitial lung disease. Patients should seek help from their doctor if they develop presenting features of interstitial lung disease such as dyspnoea, non-productive cough, and deterioration in general health (eg, fatigue, weight loss, and fever)

DUPHASTON/DUPHASTON HRT (DYDROGESTERONE):

withdrawal of Marketing Authorisation The Marketing Authorisation Holder for Duphaston (dydrogesterone), Solvay Healthcare Ltd, is withdrawing this medicine from the European market from March 2008. Duphaston was licensed for use in several indications, including threatened or recurrent miscarriage, dysfunctional uterine bleeding, and hormone-replacement therapy. This medicine is being withdrawn for commercial reasons. Rosiglitazone: new contraindications and warnings

The European Committee for Medicinal Products for Human Use has recommended new contraindications and warnings for rosiglitazone (Avandia,),a treatment for type 2 diabetes. Rosiglitazone is now contraindicated in patients with acute coronary syndrome; rosiglitazone has not been studied in controlled trials in this group of patients. Furthermore, rosiglitazone is not recommended for use in patients with ischaemic heart disease or peripheral arterial disease, because of concerns about an increased risk of myocardial infarction in these patients.

This European assessment has concluded that the benefits of rosiglitazone treatment outweigh the risks in their approved indications, but that the prescribing information should be updated.

source-MHRA

Statement about ownership and other Particulars of **Pharmed Trade News**

FORM IV (SEE RULE - 8)

1. Place of Publication	:	Hyderabad
2. Periodicity of Publication	:	Fortnightly
3. Printer's Name	:	V. Bhavanarayana
Whether citizen of India	:	Yes
Address	:	3-3-62/A New Gokhale Nagar, Ramanthapur, Hyderabad - 500 013, R.R. Dist. A.P
4. Publisher's Name	:	V. Bhavanarayana
Whether citizen of India	:	Yes
Address	:	3-3-62/A New Gokhale Nagar, Ramanthapur, Hyderabad - 500 013, R.R. Dist. A.P
5. Editor's Name	:	V. Bhavanarayana
Whether citizen of India	:	Yes
Address	:	3-3-62/A New Gokhale Nagar, Ramanthapur, Hyderabad - 500 013, R.R. Dist. A.P
6. Names and Addresses of Individuals who own the News Paper and Partners or share holders holding more than one percent of the total capital	:	V. Bhavanarayana 3-3-62/A New Gokhale Nagar, Ramanthapur, Hyderabad - 500 013, R.R. Dist. A.P

I, V. Bhavanarayana, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-
V. Bhavanarayana
Publisher

Date : March 1, 2008.

SUBSCRIPTION FORM

FOR INDIVIDUALS	FOR ORGANISATIONS
1 YEAR – 24 ISSUES - RS 480	2COPIES BY COURIER DELIVERY
2 YEARS – 48 ISSUES –RS 900	1YEAR –24 ISSUES RS 2000
INTERNATIONAL-24 ISSUES	2YEARS –48 ISSUES RS 4000
BY AIR MAIL US $ 100	LIFE SUBSCRPTION RS 6000

To
Manager, Subscription Dept
PHARMED TRADE NEWS
3-3-62a New Gokhale Nagar Ramnthpur, Hyderabad 500013

Register My / OUR subscrption for 1year / 2years. Enclosed D.D / Cheque / M.O in favour of PHARMED TRADE NEWS, payable at Hyderabad for Rs : _____

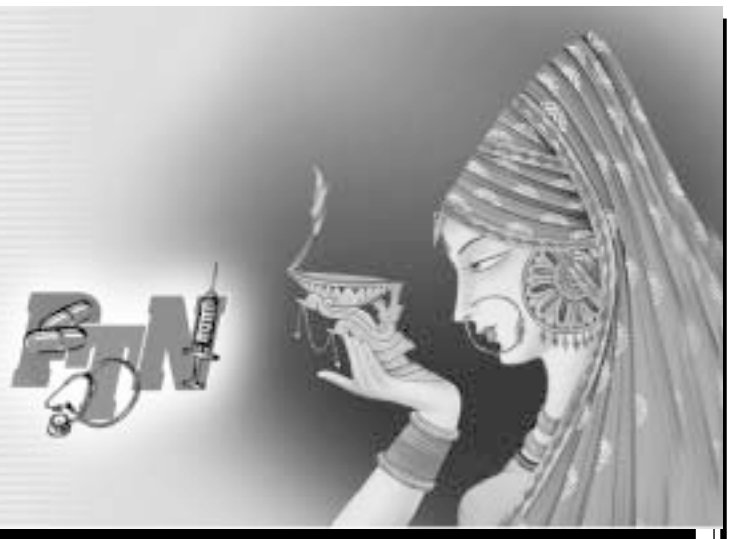
Full Postal Address :

_____

_____

_____ Pin

PhaRMeD Trade News



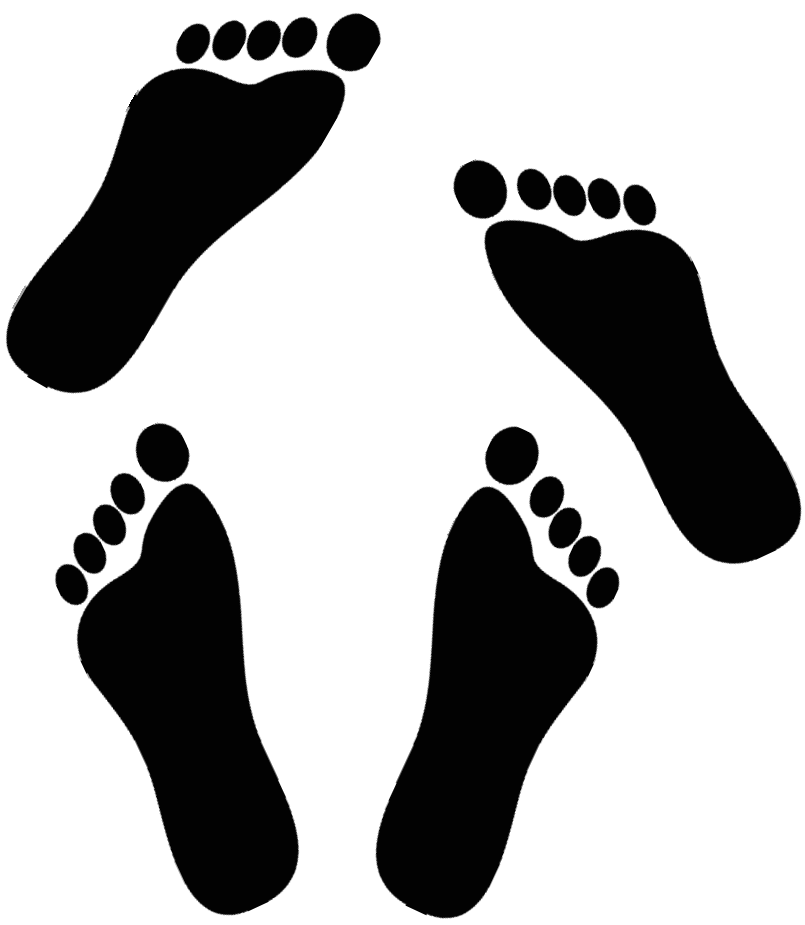
PATIENT EDUCATION SECTION

DIABETES & FOOT CARE

People with diabetes are prone to foot problems. Diabetes can cause damage to nerves, which means you may not feel an injury to the foot until a large sore or infection develops. Diabetes can also damage blood vessels, which makes it harder for the body to fight infection.

To prevent injury to the feet, a person with diabetes should adopt a daily routine of checking and caring for the feet as follows:

1. Check your feet every day, and report sores or changes and signs of infection.
2. Wash feet every day with lukewarm water and mild soap, and dry them thoroughly.
3. Soften dry skin with lotion or petroleum jelly.
4. Protect feet with comfortable, well-fitting shoes.
5. Exercise daily to promote good circulation.
6. See a podiatrist for foot problems, or to have corns or calluses removed.
7. Remove shoes and socks during a visit to the health care provider to remind them to examine your feet.
8. Stop smoking because it worsens blood flow to the feet.



SPRITUAL HEALTH

Primary objective of Human beings is, To unfold the mystery surrounding self(Jiva), world(Jagat) and God(Jagdish)! In Gita this is taught in a very practical manner. Start with y self. Based on place, time, and circumstances one finds oneself in, do one's duty to serve those who are entrusted to one by following Dharma, righteousness. Duty is to support oneself, family and contribution to society by engaging in meaningful occupation and doing it in skillful ways, to the best of one's ability. Above all such karmas are done without doership, as an instrument, and accepting results whatever as God's Grace. This is described as Karma-Yoga.

While performing Karmas this way keep the flame of knowing truth of oneself burning by constantly saying "what am I, Lord, reveal Yourself" with lots of devotion(Bhakti). It is important not to answer the question "what am I?" with one's mind but to remain silent to hear the answer. The answer will come in a miraculous and in an unexpected way. It is said that to such an ardent Gyani-Bhakta, the Universe will conspire to unfold the mystery by giving intuitive understanding of oneself being the Self-Atman (Sat-Chit-ANanda) one is, an immortal, Being of all beings! This is described as Gyan-Yoga! .....

....Pratap Bhatt, Varanasi

One Million Indians die this year due to Smoking

Quit Smoking Today

ARE YOU HYPERTENSIVE?

SIMPLE CHANGES CAN REDUCE HYPERTENSION

1. Lose weight. Get your BMI (body mass index, a measurement of weight in relation to height) into the range of 18.5-24.9, and you will be doing your heart and blood pressure a favor.

2. Eat plenty of whole grains. Have seven to eight servings per day of grains and grain products (these can include breakfast cereal, whole grain bread, rice, pasta, etc.)

3. Eat plenty of fruits and vegetables. Having at least eight to 10 servings of a variety of colorful fruits and vegetables will ensure you get all the healthy antioxidants, vitamins, minerals, and fiber you need.

4.Drink dairy milk. Consuming two to three servings daily of low-fat or nonfat diary foods will also help build strong bones and teeth, and enhance weight loss.

5. Limit meat, fish, and poultry to two servings a day. Eat more grains and leafy vegetables . When you have meat, fish, and poultry, always chose lean varietiesin small quantities

6. Eat nuts. Incorporate four to five servings a week of nuts, seeds, and legumes into your diet. They provide plenty of protein and healthful fats.

7. Limit fats and oil to two to three servings per day. Fats are the most concentrated source of calories. Limiting them will help you control your weight.

8. Hold the salt. Limit your sodium intake to approximately 2,400 milligrams a day (a moderate level). This means eating fewer canned and processed foods, and more fresh foods.

9. Get off the couch. Exercising at least 30 minutes per day can significantly reduce blood pressure. Any form of physical activity, done most days of the week, will do the trick.

10. Drink in moderation. If you do it at all limit yourself to two drinks per day.

SHARE/CARE/
LEARN WITH OTHER
DIABETIC PATIENTS
JOIN TODAY
Group home page:
http://groups.yahoo.com/group/pharmeddiabetics
Group email address:
pharmeddiabetics@yahoogroups.com

Drug Information: Atenolol

IMPORTANT WARNING:

Do not stop taking atenolol without talking to your doctor. Suddenly stopping atenolol may cause chest pain, heart attack, or irregular heartbeat. Your doctor will probably decrease your dose gradually.

Why is this medication prescribed?

Atenolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and treat heart attacks. Atenolol is in a class of medications called beta blockers. It works by slowing the heart rate and relaxing the blood vessels so the heart does not have to pump as hard.

How should this medicine be used?

Atenolol comes as a tablet to take by mouth. It is usually taken once or twice a day. To help you remember to take atenolol, take it around the same time every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take atenolol exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Atenolol controls high blood pressure and angina but does not cure them. It may take 1-2 weeks before you feel the full benefit of atenolol. Continue to take atenolol even if you feel well. Do not stop taking atenolol without talking to your doctor.

Other uses for this medicine

Atenolol is also used sometimes to prevent migraine headaches and to treat alcohol withdrawal, heart failure, and irregular heartbeat. Talk to your doctor about the possible risks of using this medication for your condition.

This medication may be prescribed for other uses; ask your doctor or pharmacist for more information.

What special precautions should I follow?

Before taking atenolol,

- tell your doctor and pharmacist if you are allergic to atenolol or any other medications.
- tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking. Be sure to mention any of the following: calcium channel blockers such as diltiazem (Cardizem, Dilacor, Tiazac, others) and verapamil (Calan, Isoptin, Verelan); clonidine (Catapres); nonsteroidal anti-inflammatory medications (NSAIDs) such as indomethacin (Indocin); and reserpine (Serpalan, Serpasil, Serpatabs). Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- tell your doctor if you have or have ever had asthma or other lung disease; diabetes; severe allergies; an overactive thyroid gland (hyperthyroidism); pheochromocytoma; heart failure; a slow heart rate; circulation problems; or heart or kidney disease.
- tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking atenolol, call your doctor immediately.

- if you are having surgery, including dental surgery, tell the doctor or dentist that you are taking atenolol.
- you should know that if you have allergic reactions to different substances, your reactions may be worse while you are using atenolol, and your allergic reactions may not respond to the usual doses of injectable epinephrine.

What special dietary instructions should I follow?

If your doctor prescribes a low-salt or low-sodium diet, follow these directions carefully.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Atenolol may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away:

- dizziness
- lightheadedness
- tiredness
- drowsiness
- depression
- upset stomach
- diarrhea

Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them, call your doctor immediately:

- shortness of breath
- swelling of the hands, feet, ankles, or lower legs
- unusual weight gain
- fainting
- lack of energy
- difficulty breathing
- wheezing
- slow heartbeat
- fainting
- swelling of the hands, feet, ankles, or lower legs
- unusual weight gain
- shakiness
- dizziness
- rapid heartbeat
- sweating or confusion
- blurred vision
- headache
- numbness or tingling of the mouth
- weakness
- excessive tiredness
- pale color
- sudden hunger

Atenolol may cause other side effects. Call your doctor if you have any unusual problems while taking this medication.

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online [at http://www.fda.gov/MedWatch/index.html] or by phone [1-800-332-1088].

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center. If the victim has collapsed or is not breathing, call local emergency services .

Symptoms of overdose may include:

What other information should I know?

Keep all appointments with your doctor. Your blood pressure should be checked regularly to determine your response to atenolol. Your doctor may ask you to check your pulse (heart rate). Ask your pharmacist or doctor to teach you how to take your pulse. If your pulse is faster or slower than it should be, call your doctor.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

It is important for you to keep a written list of all of the prescription and nonprescription (over-the-counter) medicines you are taking, as well as any products such as vitamins, minerals, or other dietary supplements. You should bring this list with you each time you visit a doctor or if you are admitted to a hospital. It is also important information to carry with you in case of emergencies.

PHARMED NEWS

AYURVEDA DOCTORS DHARNA

The action council of Ayurveda Doctors observed the Ayurveda Rights Day on FEB27by staging a dharna before the Kasargode Collectorate in support of their various demands.

The 10-point demands of the action council include giving prominence to ayurveda in the National Rural Health Mission, introduction of parity with regard to various disciplines of medicines, granting of allowances recommended by the Pay Commission, setting up of a drug controller's office for ayurveda and an ayurveda medical university.

The action committee also demanded starting of all departments in ayurveda colleges which are recommended by the Central Council of Indian Medicine, banning of ayurveda treatment by quacks, reorganising the expert committee formed as per rule 68-A of the Kerala Abkari Act and efficient implementation of the Care Kerala Project.

IMA RECOMMENDS

In a recommendation to CBI, the Indian Medical Association (IMA) has sought that kidney kingpin Amit Kumar should be charged under certain sections of the Medical Council of India (MCI) Act, 1956. According to association members, this will give the investigating agency more time to gather crucial evidence against the doctor. Earlier,

CBI had asked IMA to find out which acts the accused could be booked under.

According to Dr Anil Bansal, convenor of the anti-quackery cell of IMA, the evidence gathered against Kumar so far is weak.

"It is our duty to ensure that Kumar does not slip away. We have asked CBI to register a case under section 15 2(b) of the MCI Act."

Added Bansal: "The law states that if a person is not registered under MCI or any other state medical body like the Delhi Medical Association (DMA), he cannot practice allopathy or perform surgeries. The practioner can be punished with imprisonment of up to one year and a fine. IMA officials said that they had sent the recommendations to the joint director of CBI, R K Mishra, and held a discussion with him over the phone.

PENTAXIM LAUNCHED

Sanofi Pasteur, the vaccine division of Sanofi Aventis Group, has launched Pentaxim, the new pentavalent paediatric combination vaccine in India. This vaccine comprises of five components, namely, diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and Hib (haemophilus influenza type b) and has demonstrated a very high protective efficacy against these five childhood diseases. Speaking on this occasion, Dr S Balasubramanian, Senior Consultant Paediatrician, Kanchi Kamakodi Child Trust Hospital, Chennai said, "Pentaxim is a new generation combination vaccine offering protection against these five important diseases simultaneously. The use of combination vaccines is encouraged by several international agencies, including WHO, ACIP and the Indian Academy of Pediatrics because they reduce the number of shots, anxiety to the child and mother and ensure better patient compliance. Pentaxim offers high immunogenicity and has a very low reactogenicity profile. It also aims to provide greater coverage of the population and helps to control disease transmission. "

Pentaxim is given to children by a three dose primary schedule at the age of six weeks (1˚ month); the second dose is given when the infant is 10 weeks (2˚ months) and the third dose in 14 weeks (3˚ months). The child receives a booster dose between 15-18 months. Pentaxim has gained wide acceptance and is currently licensed and used in more than 70 countries in the world. Various clinical trials conducted with Pentaxim, including those in India, have demonstrated very high immunogenicity in safeguarding infants and children against these five diseases. The distinct advantage of Pentaxim is efficacy in protection against polio, as it is a killer vaccine and acellular pertussis component which is much superior to the whole-cell pertussis vaccines in terms of local and neurological side-effects. This new pentavalent paediatric vaccine (Pentaxim) is the latest addition to the clinical armamentarium for the prevention of infectious diseases.

NATCO

Hyderabad based Natco Pharmaceuticals made the plea for the country's first so-called "compulsory license" to the patent office as it bids to make generic copies of Pfizer's Sutent and Roche's Tarceva cancer drugs.

"This is the first case in India. A compulsory license will allow companies like ours to manufacture and export drugs to least developing countries," said M. Adinarayana, the secretary of Natco Pharmaceuticals, as the hearings began.

The global drugs patent system allows countries to make cheaper generic copies of patented drugs in certain situations, such as public health emergencies, under compulsory licences

SMS POLL

We should adopt china family planning policy of one child per family

Yes/No

SMS to +91 98495 51183

एरोमा थैरेपी

हमारे प्राचीन ग्रन्थ ज्ञान का भंडार हैं । उसी ज्ञान के भंडार से प्राप्त हुआ है, एरोमा थैरेपी का कांसेप्ट । ऐरोमा थैरेपी को सुगंधित या सुवासित चिकित्सा पद्धति के रूप में जाना जाता है । गंध द्वारा चिकित्सा आयुर्वेद का ही हिस्सा है, जिसे नये वैज्ञानिक शोधों के दौरान भुला दिया गया था, लेकिन आज फिर से इसे अपनाया जाने लगा है । यह एक प्राकृतिक तरीका है, जिसके न कोई साइड इफैक्ट्स है और न ही आफ्टर इफैक्ट्स ।

यह पद्धति प्रकृति प्रदत्त संपदा का आकलन करने के पश्चात विकसित की गयी है, जिसमें पौधों के विभिन्न अंगों से तेल निकाल कर उनके द्वारा इलाज किया जाता है । इसमें फूलों की खूशबू के साथ, खुशबूदार तेल, फूलों के सत से बनी डंडियों से बाष्प देकर ट्रीटमेंट करने से मस्तिष्क को प्रभावित करती है ।

त्वचा रोग जैसे, झाई-मुहांसे आदि में एरोमा थैरेपी से फायदा होता है । ट्रीटमेंट प्रभावित जगहों पर मोग्जा (फूलों के अर्क से बनी डंडी) से जब वाष्प दी जाती है तो एड्रिनल ग्लैंड उत्तेजित होकर एड्रिनेलिन बनाती है, जिससे त्वचा रोग ठीक हो जाते हैं ।

प्राकृतिक पदार्थों द्वारा तैयार किए गए उत्पादन त्वचा के लिए बेहद गुणकारी होते हैं । इनसे न केवल त्वचा रोगों से ही निजात पाई जा सकती है, बल्कि ब्लीच, स्क्रबिंग, फेशियल आदि से चेहरे पर चमक आ जाती है, खासकर बढ़ती उम्र में । खूशबू से तन-मन की थकान दूर होती है ऊर्जा का संचार होता है ।

एरोमा थैरेपी से न केवल तनाव को दूर किया जाता है, बल्कि इससे इमोशनल बैलेंस स्थापित करने में मदद मिलती है । सकारात्मक सोच को बढ़ावा मिलता है, नकारात्मक का सफाया होता है । एक मशहूर सौन्दर्य विशेषज्ञ कहती हैं कि हम ऐरोमा थैरेपी से बॉडी क्योअर तो करते ही हैं, मगर बॉडी केयर हमारा मुख्य उद्देश्य है ताकि क्योअर करने की नौबत ही न आये ।

प्रसिद्ध सौन्दर्य विशेषज्ञ डॉ. ब्लासम कोचर के अनुसार पेड़, पौधे, पत्तियाँ, जड़, तना, फल, फूल, सब्जियाँ, मसाले आदि से प्राप्त वस्तुओं से सत निकाला जाता है, जिसे एसेंशियल आयल कहते हैं । यह इतना असरदार होता है कि इसमें फिर किसी रासायनिक तत्व के मिश्रण की आवश्यकता ही नहीं होती है । एक टन गुलाब गुलाब से मात्र एक लीटर एसेंशियल ऑयल निकल पाता है, जो कि 25 ग्राम हर्बल क्रीम के बराबर होता है ।

ये एसेंशियल ऑयल एंटी सेप्टिक, एंटी बैक्टीरियल, एंटी वायरल, एंटी फंगस, एंटी रूमेटिक, एंटी इन्फ्लेमेटरी, एंटी न्यूरोलॉजिक, एंटी टॉक्सिक, एंटी डिपरेसेंट व डियो का काम करते हैं ।

उपचार में लाभदायक : एरोमा थेरेपी एक बहुत ही पवित्र विधि है, पर उपचार के पूर्व इसकी जानकारी जरूरी है । श्रद्धापूर्वक किया गया इलाज ही कारगर होता है । इसलिए इसमें विश्वास जरूरी है । एसेंशियल ऑयल तीन प्रकार से लाभदायक है - प्रथम सुगन्ध से, इनकी सुगन्ध से मस्तिष्क प्रभावित होकर फौरन सक्रिय हो जाता है । द्वितीय मसाज द्वारा, यह त्वचा की भीतरी सतह तक पहुँचकर उसे ठीक करते है । तृतीय, ये मूड एलीवेटर का काम करते है ।

एसेंशियल ऑयल के प्रयोग के कई प्रकार के दर्द दूर किये जाते हैं । यह उपचार का एक प्राकृतिक तरीका है, जिसके साइड इफेक्ट्स नहीं होते हैं ।

बालों का झड़ना रोकने में भी यह कारगर साबित हुआ है । यही नहीं, फिर से नये बाल उगाने में भी यह उपचार प्रभावशाली सिद्ध हुआ है । इंसान तो इंसान, जानवर भी इस उपचार को अपनाते हैं । पेट खराब होने पर बंदरों द्वारा एक खास जड़ी बूटी का प्रयोग किया जाता है, जो आश्चर्य की बात है ।

यह एक अपकमिंग थैरेपी है । इसकी उपयोगिता जानकर ही अंतर्राष्ट्रीय बाजारों में इसका बोलबाला है । इसकी संभावनाओं से इंकार नहीं किया जा सकता । आज यह उपचार आम आदमी की पहुँच में नहीं है, लेकिन वह दिन दूर नहीं, जब आम आदमी भी इसे प्रयोग कर सकेगा । ●

-डॉ. महेश शर्मा

जरूरी नहीं तंदुरुस्ती के लिए दंड पेलें

जो लोग अखाड़े जाकर दंड पेलते हैं या जिम में जाकर पसीना बहाते हैं, उन्हें विशेषज्ञों की यह बात जरूर बुरी लगेगी कि स्वस्थ रहने के लिए इस तरह की कवायदें करने की कोई आवश्यकता नहीं है । इसके बिना भी तंदुरुस्त रहा जा सकता है । इस बारे में हेल्थ डेवलपमेंट एजेंसी का कहना है कि जो शारीरिक गतिविधियाँ दैनिक जीवन के लिए उपयुक्त हैं, वही ज्यादा प्रभावी हो सकती हैं ।

यदि इंसान कार के बजाय पैदल चले और दंड-बैठक लगाने के बजाए घर में बच्चों के साथ खेलें तो ज्यादा फायदा होगा ।

जहाँ तक व्यायाम का प्रश्न है, तीन चौथाई महिलाएँ और 60 प्रतिशत पुरुष पर्याप्त व्यायाम नहीं करते । एचडीए का मानना है कि लोगों में बढ़ते मोटापे का देखते हुए व्यायाम करना बेहद जरूरी हो गया है । कॉर्डियोवेस्कुलर से संबंधित बीमारियों और अन्य बीमारियों को नियंत्रित करने के लिए भी व्यायाम जरूरी हो गया है । जो लोग सक्रिय होते हैं, उनमें हृदय रोग का जोखिम 50 प्रतिशत तक घट जाता है और नियमित व्यायाम से मोटापा, मधुमेह, आस्टियोपेरोसिस तथा आंत के कैंसर को रोकने में महत्वपूर्ण भूमिका निभाता है ।

ब्रिटेन में जनरल प्रेक्टिशनर लोगों को व्यायाम तथा घर पर उपलब्ध शारीरिक गतिविधियों की जानकारी प्रदान कर रहे हैं । इस बारे में एचडीए के चीफ एक्जीक्यूटिव पॉल स्ट्रीट्स का कहना है कि कई लोग जिम न जाने पर खुद को दोषी मानते हुए अपनी ऊर्जा बर्बाद करते हैं, जबकि उसके बजाए उन्हें इस बारे में सोचना चाहिए कि घर में भी वे कौनसी गतिविधियाँ आसानी से कर सकते हैं ।

चिकित्सकों की सलाह है कि लोगों को एक सप्ताह में पाँच दिन कम से कम 30 मिनट तक व्यायाम करना चाहिए । हालाँकि इस अवधि को छोटे-छोटे टुकड़ों में भी बाँटा जा सकता है । जरूरी नहीं कि लगातार आधे घंटे तक पसीना बहाया जाय। ब्रिटेन के स्वास्थ्य मंत्री की भी सोच कुछ इसी तरह की है । वे चाहते हैं कि लोग यह बात समझे कि शारीरिक गतिविधियाँ बढ़ाने का यह मतलब नहीं है कि वे जिम जाकर वेट लिफ्टिंग करें, लेकिन ज्यादा घूमने और लिफ्ट के बजाय सीढ़ियाँ चढ़कर या बागवानी का काम करके भी वे स्वस्थ रह सकते हैं । ●

GPP यानि गुड फार्मेसी प्रैक्टिस

चिकित्सा व्यवसाय को बेहतर बनाने के लिए कई प्रकार के दिशा निर्देश निर्धारित किये जाते हैं । जैसे श्रेष्ठ चिकित्सा के लिए GCP यानि गुड क्लिनिकल प्रैक्टिस, श्रेष्ठ औषधि उत्पादन के लिए GMP यानि गुड मैनुफैक्चरिंग प्रैक्टिस, इसी प्रकार औषधि विक्रेता यानि फार्मेसिस्ट के लिए नये दिशा निर्देश की आधारशिला रखी जा चुकी है । इसे गुड फार्मेसी प्रैक्टिस यानि GPP कहा जाता है ।

औषधि उद्योग में फार्मेसिस्ट की प्रमुख भूमिका रहती है । यहाँ तक कि आयुर्वेद के सिद्धान्तों में रोगी चिकित्सा के लिए 'चिकिस्ता के चतुष्पाद' बताये गये हैं । उनमें भी परिचायक यानि फार्मेसिस्ट की भूमिका को महत्वपूर्ण बताया गया है ।

चिकित्सक रोगी की जाँच कर दवा लिख देता है । रोगी और चिकित्सक का सम्बन्ध केवल रोग तक होता है । फार्मेसिस्ट ही रोगी को सही दवा का उपयोग समझा सकता है ।

जीपीपी में फार्मेसिस्ट को उसके कर्तव्यों से अवगत करवाया जाता है । आज वैश्वीकरण का जमाना है । व्यापार जगत में भी इसका बोलबाला है । ऐसी स्थिति में औषधि विक्रेता भी नहीं बचा है । आजकल अंतरराष्ट्रीय स्तर के औषधि स्तर के औषधि विक्रेता हमारे देश के बाजार में प्रवेश कर चुके हैं । कई नयी दवा की दुकानों की शृंखलाएँ खुलने लगी है । ऐसे में भारतीय औषधि विक्रेताओं को भी प्रशिक्षित होना जरूरी हो गया है । आज औषधि विक्रेता का काम केवल दवा बेचना ही नहीं रहा है । इसे रोगी को दवा का सही प्रयोग करना भी समझाना जरूरी हो गया है ।

आज के रोगी पर सूचनाओं का बोझ इतना अधिक हो गया है कि वह सही सूचना के लिए विक्रेता की सलाह लेता है । इस कारण भी विक्रेता को दवा की सही जानकारी, सही उपयोग, सही मात्रा की जानकारी होना जरूरी है । तभी वह रोगी को दवा का सही उपयोग बताकर मार्गदर्शन कर सकता है ।

आज चिकित्सक के पास इतना समय नहीं होता कि वे रोगी को दवा की मात्रा उसकी भाषा में समझा सकें । ऐसे में दवा विक्रेता की भूमिका भी महत्वपूर्ण होती है, जो रोगी को उसकी भाषा में दवा के सही उपयोग को समझा सके ।

विकसित देशों में फार्मेसिस्ट के दिशा निर्देश स्पष्ट हैं । हमारे देश में इसकी कमी है । इसे बढ़ावा देना होगा, दवा विक्रेताओं के सामान्य ज्ञान को बढ़ाना होगा। इसी उद्देश्य से जी.पी.पी. का दिशा निर्देश का मसौदा इण्डियन फार्मास्यूटिकल एसोसिएशन द्वारा सन् 2002 में तैयार किया गया ।

इस मसौदे में औषधि, सौंदर्य प्रसाधन व अन्य स्वास्थ्योपयोगी उपकरणों की पूरी जानकारी लोगों तक पहुँचाने का ध्येय रखा गया ताकि इनका सही उपयोग हो सके ।

जीपीपी के अंतर्गत फार्मेसिस्ट को औषधि से संबंधी पूरी जानकारी रखने का दिशा निर्देश है । जिससे औषधि का सही उपयोग हो सके । जैसे कच्चा माल, भंडारण, उत्पादन, संरक्षण, रोगी को उपयोगी सूचनाएँ और औषधि सेवन संबंधी पूरी जानकारी फार्मेसिस्ट को होनी चाहिए ।

जीपीपी का पालन करने से औषधि का उपभोक्ता यानि रोगी को सुरक्षा प्रदान की जा सकती है ।

जीपीपी का मुख्य घटक है -

फार्मेसिस्ट यानि विक्रेता - जो कि रोगी के हित में होता है ।

इससे औषधि की गुणवत्ता में मदद मिल सकती है । राष्ट्र की आर्थिक और स्वास्थ्य प्रगति में फामेसिस्ट सहायक हो सकता है ।

इस प्रकार अच्छी औषधि प्रदान करने की प्रक्रिया Good Pharmacy Practice के अन्तर्गत रोगी की सहायता करने में औषधि विक्रेता अहम भूमिका निभा सकता है। ●

PHARMACIST PATIENT COUNSELLING

Glimepride:

Ask the patient to take the medicine in the prescribed manner and at a prescribed dose

Explain the importance of the medication adherence to the patient.

If dose is missed then ask the patient to take the medicine as soon as he/she remembers. If it is time to take the next dose, do not ask the patient to take supplement dose (take the medicine in usual manner).

As storage is very important to ensure the potency of the tablets, these should be stored in a closed container at room temperature, away from heat, direct sunlight and from children.

Emphasize on the restriction of alcoholic beverages as it may cause prolonged hypoglycemia.

The list of glimepride interacting with other drugs is long, therefore he/she should not take any medicine (either prescription or non-prescription medicine) without any medical consent from the healthcare provider.

If the patient is a female and of child bearing age then ensure the woman is not pregnant.

Explain the symptoms of hypoglycemia like weakness, drowsiness, very hungry and sweating. Ask the patient to always carry candies and toffees along him such that he or/she feels of being hypoglycemia, he can take them.

In some individuals this medicine can cause increase in skin sensitivity to sunlight which as a result can cause rash or skin burn. Ask to use sunscreen lotions.

While on treatment if the patient feels itching, hives, swelling in face and hands, dark colour urine, pale stools, fever, yellowing of skin, then report to your pharmacist/ doctor.

There are some less serious side effects like nausea, vomiting, communicate with the healthcare provider and can be managed.

Reference:

1. Martindale: A complete Drug Reference 35th Edition, Pharmaceutical Press, CD Version

Syed Mohsin Khadri - KSPC-DIC Bangalore

PROPER DRUG STORAGE

Drugs are stored in a specially designed secure area or space of a building in order to:

- Avoid contamination or deterioration,
- Avoid disfiguration of labels,
- Maintain integrity of packaging and so guarantee quality and potency of drugs during shelf life,
- Prevent or reduce pilferage, theft or losses,
- Prevent infestation of pests and vermin.

Storage Environment The storage environment should possess the following:

- Adequate temperature,
- Sufficient lighting,
- Clean conditions,
- Humidity control,
- Cold storage facilities,
- Adequate shelving to ensure integrity of the stored drugs.

Arrangement of drugs on shelves The following guidelines are for arranging drugs.

- Shelves should be made of steel or treated wood.
- Shelves should be strong and robust.
- Drugs are arranged in alphabetical order of generic names.
- Each dosage form of drug is arranged in separate and distinct areas.
- Sufficient empty space should demarcate one drug or dosage form from another. Most recently received drugs are placed be hind old stock on the shelf except where new drugs have shorter expiration dates. Management of Drugs at Health Centre Level It is important to ensure the following rules in the dispensary and the store attached to the dispensary:
- Keep the environment clean.
- Always put lids properly on tins always and at the close of the day.
- Put drugs in a dry place protected from light and heat.
- Store liquids on a pallet on the floor or on the lowest shelf.

The store must be cleaned daily and mopped at least once a week.

The storeroom

A well-arranged store enables easy identification of drugs and saves time when picking a drug from the shelves. The following procedure will facilitate managing the drugs in the store. Put drugs on the shelves in alphabetical order corresponding to the essential drug list. This helps remove drugs quickly and makes for easy inventory control. The rule of FIRST IN FIRST OUT (FIFO) should be applied always. So, drugs that were received first should be used first, except where the new stock has shorter expiration dates than the old stock. In this regard, the principle of FIRST TO EXPIRE FIRST OUT(FEFO) should apply. To have access to drugs with shorter expiration dates first, put these in front of the shelves. Those with longer expiration dates should be placed behind those with shorter dates. The dispensary

Good arrangement facilitates dispensing work. Practise the following:

- Retain a daily drug use record in the dispensary.
- Provide a table for dispensing drugs.
- To facilitate work, do not overcrowd the dispensing table.
- Arrange documents in an orderly manner on the table, away from the dispensing area.
- Clean after each use tablet counters and place within easy reach on the table.
- Avoid dispensing wrong drugs by arranging drugs on the table in alphabetical order so that the drug being dispensed is not confused with another.
- Always close drug containers from which drugs are not being dis pensed to prevent spillage or dispensing the wrong drug.

MEETING THE NEEDS OF HEALTHCARE PROVIDERS

In drawing up the Millennium Development Goals (MDGs), the international community has committed to reduce child mortality by two-thirds and maternal mortality by three quarters, and to reverse the spread of HIV/AIDS, tuberculosis and malariaa by 2015. These goals will only be achieved if we focus on the needs of healthcare providers Two-thirds of child and maternal deaths could be avoided if healthcare providers had access to simple, inexpensive interventions, and the knowledge to use them correctly. 'Applying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade' (Pang et al, 2006).

Healthcare providers have seven basic needs: skills, equipment, information, structural support, medicines, incentives, and communication facilities (SEISMIC). A seismic shift is required to better understand and meet these needs. Thanks to the internet and Web 2.0 technologies, the international community now has the capacity to harness the collective intelligence of all stakeholders to more effectively address these needs. Healthcare Information for All by 2015 (HIFA2015) is a global campaign that focuses particularly on the information needs of healthcare providers in developing countries. The campaign was launched in October 2006 by the Global Healthcare Information Network, a member organization of the Global Health Workforce Alliance. It has brought together over 1200 professionals from more than 100 countries, ranging from global health leaders to community health workers. They include health professionals, researchers, publishers, librarians, social scientists, policymakers and others involved in the creation, exchange and use of healthcare information. Our common goal is: 'By 2015, every person worldwide will have access to an informed healthcare provider'. Mothers and other family members have a critical role to play not only in preventing ill health, but also in taking appropriate action when a child or adult is ill. Therefore we use the term 'healthcare provider' to include family caregivers as well as formal health workers. Members interact through two email discussion forums: HIFA2015 (general health) and CHILD2015 (child health). Topics include:

- communication of health research
- how to strengthen the production of reliable reference and learning materials for use in different contexts and languages
- how to strengthen the availability of existing materials
- the increasing potential of the internet, mobile phones, and other technologies

Over the coming months we are planning with the Institute of Development Studies to develop the HIFA2015 Knowledge Base on the information and learning needs of health workers, and what works and what doesn't in meeting those needs. It will help inform existing and future health information programmes, and will provide the evidence base we need to put healthcare information at the top of the development agenda. It will incorporate collaborative authoring software (wiki) to harness directly the experience and expertise of HIFA2015 and CHILD2015 members. HIFA2015 is about meeting the information needs of health workers, but all seven areas of need must be addressed to achieve the MDGs. HIFA2015 is therefore linking with other global campaigns that focus on related areas such as access to medicines and diagnostic equipment. Thanks to the increasing availability of the internet, these inclusive knowledge networks have the potential to engage stakeholders and harness collective intelligence in ways that have previously been impossible. All this could be readily supported under the umbrella of the Global Health Workforce Alliance, so that we may all work together toward our shared vision: 'Access to a skilled, motivated and supported health worker by every person, in every village, everywhere'.

What do you think?

Comment on this viewpoint by emailing: id21viewpoints@ids.ac.uk [and or hifa2015@dgroups.org]

Source—IDS http://www.id21.org/viewpoints/pdfs/Pakenham-Walsh.pdf

THE HIFA2015 GOAL: By 2015, every person worldwide will have access to an informed healthcare provider. Join HIFA2015: Send your name, organization and brief description of interests to HIFA2015-admin@dgroups.org

HIFA2015 email group website: www.dgroups.org/groups/hifa2015

Further info on HIFA2015: www.hifa2015.org

WHAT DOCTORS WANT FROM MED REPS

Information and skills that sales representatives should be well-versed in and ranked as very important by a majority of physicians included:

- Basic principles of drug actions and interactions, including pharmacokinetics, factors that modify the drug response and adverse reactions related to the representative´s product(s)
- Drug resistance trends
- Presenting and explaining evidence-based clinical studies
- Outcome measurements and quality-of-life issues
- Cost benefit of pharmaceuticals
- Adherence to ethical business practices
- The role of disease management and clinical practice guidelines in treating patients
- Disease profiles, related complications, diagnostic procedures and treatment methods
- Therapeutic classes of drugs and indications for each
- How the representative´s product compares to other products in the same therapeutic class
- Third party payers (insurance companies, Medicare, Medicaid), Medicare Part D
- Knowledge of physician´s specialty and training
- Effective communications skills
- Interpersonal skills

GHWA

A new international task force was launched to address how to finance the scaling up of the health workforce in the developing world. The group of experts will focus on helping governments identify their funding needs, finding ways to make more money available and on advising countries how best to spend it.

The global health worker shortage has reached crisis levels. In Africa alone, 1 million more health workers are urgently needed, and for the rest of the world, the shortfall is another 3.3 million. In 2006, WHO estimated that the cost of training and hiring enough health workers to meet the health-related UN Millennium Development Goals by 2015 was estimated to be, on average, a total of about US$ 447 million per country per year. Now, experts warn that even more money may be needed once estimates are updated.

"Health workers are the backbone of health systems and they represent the largest single cost in providing health services. We need to take urgent action to secure sustainable, long-term financing for the health workforce," said Francis Omaswa, Executive Director of the Global Health Workforce Alliance. “The task force will immediately start to address not only calculating the true costs of the shortage and securing national and international investment, but, also improving how the money is used.”

As part of its mandate, the task force will produce a 'costing tool' -- a mathematical formula and guide to help countries calculate how much money is needed for their specific health worker shortage situations.

The task force will hold its first meeting at the first Global Forum on Human Resources for Health to be held in Kampala, Uganda from 2 to 7 March 2008.

For more information contact:
Beth Magne-Watts
GHWA Communications, Geneva
Tel.: +41 22 791 5074
E-mail: magnewattsb@who.int