



Opinion

Making a case for a public health orientation in global pharmacy education and practice in the context of the Millennium Development Goals (MDGs)[☆]

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Abstract

Pharmacy education and practice have changed from their original narrow product-centered focus to the current patient-centered focus in many countries around the world, albeit to varying degrees. The introduction of the Millennium Development Goals (MDGs), as a framework for promoting global health in the context of development, has made the promotion of population health as important as the clinical care of the individual patient. Health care providers are now called upon to seize the opportunity presented by the individual patient seeking clinical care to reach him, his household, and his community with health promotion and disease prevention information, interventions, and other resources. This calls for a public health-oriented medical education and practice that equips the contemporary medical practitioner to look beyond the individual patient to his community and society. Calls for similar changes in pharmacy education and practice have been made. This article makes a case for a public health orientation and training in pharmacy education and practice to adequately equip pharmacists with the requisite knowledge, skills, and values to contribute toward the achievement of the MDGs and global development beyond 2015.

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The Millennium Development Goals (MDGs)

The Millennium Summit culminated in the signing of the Millennium Declaration by 189 member states of the United Nations (UN) in New York City on September 8, 2000. The world leaders thus pledged to “create an environment, at the national and global levels, conducive to development and to eliminate poverty.”¹ The ultimate goal of this Declaration

was to achieve “a more equitable and sustainable future for the world, and hence to promote global peace and stability.”¹ In order to facilitate the global monitoring of progress toward the achievement of the new world order envisioned by the Millennium Declaration, eight Millennium Development Goals, commonly known as the MDGs, were described. For each MDG, one or more targets and indicators for monitoring progress during the reference period of 1990–2015 were defined.^{1,2} The eight MDGs defined are presented in [Table 1](#).

It is important to note that, with 2015 just around the corner, the global community is already working toward a global development agenda beyond 2015.³

The significance of the MDGs is that although it is a global phenomenon, each country has the liberty to implement them in the way that best meets and serves their local needs as was explained by the President of Liberia during

[☆]Note: The article is based on a keynote address delivered by the author at the 76th Annual Conference of the Pharmaceutical Society of Ghana in Accra on the theme, “Achieving the Millennium Development Goals: The Pharmacist in Public Health,” on Thursday August 4, 2011.

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Table 1
The Millennium Development Goals (MDGs)

MDGs	MDGs defined
MDG 1	Eradicate extreme poverty and hunger
MDG 2	Achieve universal primary education
MDG 3	Promote gender equity and empower women
MDG 4	Reduce child mortality
MDG 5	Improve maternal health
MDG 6	Combat HIV/AIDS, malaria, and other diseases
MDG 7	Ensure environmental sustainability
MDG 8	Develop global partnerships for development

the High-Level Plenary session of the Millennium Summit in New York in 2010⁴:

“We are here because we share a fundamental belief: that poverty, illiteracy, disease and inequality do not belong in the twenty-first century. We share a common purpose: to eradicate these ills for the benefit of all. And we share a common tool to achieve this: the Millennium Development Goals.” “The Goals are global, but their impact is local. Each country has a distinct context and a unique vision of development. We must therefore take stock, listen to our people, and choose the path that will bring to life the vision of the MDGs.”

The MDGs achievement to date

Significant progress has been made toward achieving some of the MDG targets. Access to antiretroviral therapy (ART) has increased about ten times in developing countries over a period of five years, and the HIV/AIDS pandemic appears to be stabilizing in many regions, including sub-Saharan Africa, especially those hardest hit in the southern parts of the continent.⁵ Furthermore, increasing access to safe drinking water and advancements toward universal primary education have been reported, although there are still some regional and rural–urban disparities.⁵ Many countries have increasingly put in place strategies to combat malaria and measles, leading to a decline in measles-related deaths globally.⁵ However, HIV/AIDS continues to be a leading cause of death for women in their reproductive age globally, and the increasing incidence of new infections has not kept pace with the expansion of access to ART.⁵

ART-related challenges, including drug–drug interactions, toxicity, cost, and other treatment-related factors, have been reported to be barriers to maximum adherence.⁶ Malaria continues to claim the life of a child every 45 seconds; 90% of all malaria deaths occur in Africa where they account for 20% of childhood mortality.⁵ Maternal, infant, and under five years of age mortality rates are still high or actually increasing in some countries, especially those in sub-Saharan Africa.⁵

The MDGs and health in the context of development

As a global development and population health promotion framework, the MGDs have become a prominent fixture in national development, as well as in aid and partnership agendas of countries around the globe. They have also rightfully become a global reference point for the work and programs of many professional groups whose expertise enables them to contribute to one or more of the MDGs. Although the MDGs are all either directly or indirectly related to global health, MDGs 4, 5 and 6 (Table 2) are commonly referred to as the “health-related MDGs,” since these are the areas where the health sector and health professionals around the world can make the greatest and the most direct impact. Not surprisingly, the health sector almost always limits itself to addressing these so-called “health-related MDGs,” but pharmacists and the pharmacy profession should not lose sight of target eight of MDG8, which specifically measures the “percentage of population with access to essential drugs.”⁷ (Table 2).

The MDGs with special reference to pharmacy education and practice

As with other health care professions, the health-related MDGs are very relevant to pharmacy education and practice globally; indeed most of the targets of these MDGs, as presented in Table 2, cannot be achieved without access to and the optimal use of the relevant medicines and products. The World Health Organization (WHO) defines essential medicines as “those that satisfy the priority health care needs of the population.”⁸ Access to essential medicines, vaccines, and other health commodities has been described as having four dimensions: availability, affordability, geographic accessibility, and acceptability, the latter relates to the patients’/consumers’ satisfaction with the health products and services so accessed.^{8–10}

Promoting access to safe, effective, and affordable medicines that are rationally used by both the prescriber and the patient is a focus area where pharmacists and the pharmacy profession could leverage their unique expertise toward the achievement of the MDGs and hence to the promotion of health globally. Rational use of medicines requires that “patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period of time, and at the lowest cost to them and their community.”¹¹ Toward this end, it is noteworthy that the International Pharmaceutical Federation (FIP), the global body of national pharmaceutical associations, pharmacists, and pharmaceutical scientists, adopted a policy statement on the role of pharmacists in Maternal, Newborn, and Child Health (MNCH) during its 73rd World Congress in Dublin, Ireland, on August 31, 2013.¹² Just as pharmacy education and practice have evolved from a product- to a patient-oriented one, in

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