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ORIGINAL ARTICLE

Description and analysis of hospital pharmacies in Madagascar

Description et analyse de la pharmacie hospitalière à Madagascar

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Public health;
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functioning;
Drug supply chain;
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Summary

Objective. — Madagascar's health care system has operated without formal hospital pharmacies for more than two decades. The gradual integration of pharmacists in public hospitals since 2012 will allow the structuring of this field. This study was conducted to characterize the current situation regarding all aspects relating to the general functioning of hospital pharmacies and the services provided.

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Methods. – This qualitative research used semi-structured interviews. Interviewees' perceptions about the general organization and functioning of hospital pharmacies and details on services provided were collected. The 16 interviewees were Ministry of Health staff members involved in hospital pharmacy, hospital directors, medical staff members and hospital pharmacy managers. Interviews were recorded, translated into French if conducted in Malagasy, and fully transcribed. Verbatim transcripts were coded according to the themes of hospital pharmacy and topical content analysis was performed.

Results. – The principal issue perceived by interviewees was the heterogeneity of the system in terms of technical and financing management, with a main impact on the restocking of pharmaceutical products. The drug supply chain is not under control: no internal procedure has been established for the selection of pharmaceutical products, the quantification of needs is complex, stock management is difficult to supervise, a standard prescription protocol is lacking, dispensing is performed by unqualified staff, no pharmaceutical preparation is manufactured in the hospitals and administration occurs without pharmaceutical support.

Conclusions. – Progressive structuring of efficient hospital pharmacy services using the Basel statements for the future of hospital pharmacy is urgently needed to improve health care in Madagascar.

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MOTS CLÉS

Pharmacie hospitalière ; Santé publique ; Organisation et fonctionnement ; Circuit du médicament ; Madagascar

Résumé

Objectif. – Depuis plus d'une vingtaine d'années, le système de santé de Madagascar fonctionne sans pharmacies hospitalières dignes de ce nom. Avec l'intégration progressive des pharmaciens dans les hôpitaux publics depuis 2012, la structuration de la pharmacie hospitalière devient envisageable. L'objectif de notre travail est d'établir l'état actuel des lieux de l'organisation et du fonctionnement de la pharmacie hospitalière ainsi que des services fournis.

Méthode. – Une recherche qualitative sur la pharmacie hospitalière à Madagascar était menée en 2014. Les perceptions des acteurs de santé les plus impliqués dans la pharmacie hospitalière et le circuit du médicament ont été collectées. Seize entretiens semi-directifs étaient menés auprès de ces acteurs : directeurs au ministère de la Santé publique, directeurs d'établissements hospitalo-universitaires, gérants d'unité de pharmacie et prescripteurs. Les interviews étaient enregistrées, traduites en langue française si conduites en langue malgache puis transcrrites intégralement. Les verbatim étaient codés et une analyse de leurs contenus menée.

Résultats. – Les résultats mettent en évidence l'hétérogénéité de l'organisation et du fonctionnement des pharmacies hospitalières impactant le réapprovisionnement en produits pharmaceutiques. Toutes les étapes du circuit du médicament devraient être rationalisées : sélection sur des bases scientifiques, modes de quantification des besoins et gestion de stocks bien définis, mise en place de protocoles thérapeutiques, dispensation par des professionnels du médicament, fabrication de préparations hospitalières, administration avec assistance pharmaceutique.

Conclusion. – Sur la base des recommandations internationales de la pharmacie hospitalière (the Basel statements), la structuration d'une pharmacie hospitalière efficiente est urgente pour améliorer les soins de la population.

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Introduction

Pharmacy services contribute to effective health care systems. In this aim, the World Health Organization developed Good Pharmacy Practice (GPP) standards in collaboration with the International Pharmaceutical Federation (FIP) in 1999 [1]. The FIP is the global federation of the national associations of pharmacists and pharmaceutical scientists.

It aims to "improve global health by advancing pharmacy practice and science to enable better discovery, development, access to and safe use of appropriate, cost-effective, quality medicines worldwide". The GPP is the practice of pharmacy that responds to the needs of the people who use the pharmacists' services to provide optimal, evidence-based care [2]. In 2008, during the Global Conference on the Future of Hospital Pharmacy in Basel, Switzerland, the

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