

## EQUITABLE ACCESS TO CHEMOTHERAPY, SUPPORTIVE CARE DRUGS AND PHARMACEUTICAL CARE: A CHALLENGE FOR LOW- AND MIDDLE-INCOME COUNTRIES

**JOHN T WIERNIKOWSKI**, PHARMD, FISOPP; PRESIDENT, ON BEHALF OF THE SECRETARIAT OF THE INTERNATIONAL SOCIETY OF ONCOLOGY PHARMACY PRACTITIONERS (ISOPP)

The United Nations conference on noncommunicable diseases in 2011 highlighted the importance of addressing health and health infrastructure needs to treat noncommunicable diseases in low- and middle-income countries (LMIC) as mortality from these diseases has been significantly reduced. As in the developed world, cancer will soon be a major cause of mortality in developing nations. As infant/childhood mortality rates fall in these countries, childhood cancer will see a rise; ultimately followed by increases in adult cancers. The time to develop the infrastructure to deal with this reality is now, in terms of physical space, and more importantly, in terms of the human resources to care for increasing numbers of patients with cancer. The need for pathologists, surgeons, oncologists, radiation therapists, oncology nurses and pharmacists to diagnose and care for these patients will be significant. The International Society of Oncology Pharmacy Practitioners' (ISOPP) mission is to promote oncology pharmacy practice and enhance the care of patients with cancer worldwide. We accomplish this by providing and supporting oncology pharmacy education initiatives, supporting oncology pharmacy based research, and dissemination of this knowledge via the *Journal of Oncology Pharmacy Practice*. While there are no distinct standards of practice for oncology pharmacy in LMIC, ISOPP has developed and published Standards of Oncology Pharmacy Practice that take into account realities from both resource-rich and resource-poor settings. These standards address key issues for pharmacists and nursing personnel preparing and administering chemotherapy with respect to sterile preparation, personal protective equipment, waste/spill management, medicines management and checking procedures to prevent medication errors.

Providing access to pharmaceuticals has been a fundamental human rights concern and focus of international policy development for a number of decades starting with the development of the WHO Essential Medicines list in 1977 and Essential Medicines list for children in the mid 1980s. In many countries, pharmaceuticals represent the most rapidly increasing health-related expense on a line item basis; and newer chemotherapy agents are among the most expensive. In LMIC, the cost of chemotherapy agents already poses a significant financial burden and increasing challenge for

Governments and Nongovernmental Organizations (NGOs). Given the socio-economic conditions in some LMIC and that these agents can be life saving, prolonging or needed for effective palliation (e.g opiates); theft/diversion of drugs and re-sale on "black markets" or sale of substandard or outright counterfeit drugs does occur.

Given the complexity of caring for patients with cancer, requiring multidisciplinary teams, costs of chemotherapy, potential for severe drug toxicity, potential for medication errors, and requirements for safe preparation, administration and disposal of cytotoxics; pharmacists are critical members to include in the health care team. This is no less true in LMIC than in resource-rich countries; indeed, it can be argued that having a pharmacist involved in the care of patients with cancer in LMIC is even more critical. Given the risks for inadvertent exposure to antineoplastic drugs by health care personnel, establishing a dedicated oncology pharmacy and having a trained pharmacist (or pharmacy technician, depending on the setting) prepare chemotherapy and properly dispose of used administration sets afterwards is vital. Benefits of having a dedicated oncology pharmacist/pharmacy service include establishment of standard operating procedures and better inventory control. By establishing and projecting drug needs, it may be possible to purchase drugs in bulk and realize additional cost savings. Additionally, having a secure central storage facility may prevent loss due to theft. Beyond these primary functions, pharmacists in LMIC can participate in additional initiatives such as establishing pharmacovigilance programmes and contribute to patient care through the use of standardized assessment tools for toxicity and adherence, and in patient/caregiver education. ISOPP stands committed to make this a reality. ●

### About the International Society of Oncology Pharmacy Practitioners (ISOPP)

The vision of Helen McKinnon of New Zealand; ISOPP was officially incorporated in 1996. We are a nonprofit organization whose Mission is to promote and enhance Oncology Pharmacy Practice worldwide in order to improve care of the cancer patient. With a global membership, ISOPP supports Oncology Pharmacy Practitioners through Education, Research, Standards of Practice, and dissemination of knowledge through the *Journal of Oncology Pharmacy Practice*. Visit us at: [www.isopp.org](http://www.isopp.org)

