

VIEWPOINTS

Challenges and Future Directions for Public Health Pharmacy Education in Developing Countries

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Inequitable socioeconomic development, coupled with differing rates of demographic and epidemiological transitions in disease patterns, have accentuated health disparities and posed great public health challenges for national health systems in many parts of the developing world. Furthermore, the emergence of infectious diseases, increase in the prevalence of noncommunicable diseases, and increase in the aging population have put tremendous pressure on the provision and cost of public health services such as preventive care in many developing countries. There is a need for health care practitioners to tackle the basic health needs of the developing world in a sustainable manner. Engagement of a team-based approach is widely recommended by both local and international health bodies to achieve health goals in a large population. In response to this, pharmacists, as the third-largest health-care professional group in the world, should play a bigger role in direct interaction with the public to provide health information and advice on the safe and rational use of medications. The time has come that pharmacists cannot be satisfied with being “drug experts” and must think beyond this perception. Because the landscape of health services is changing and we are going back to the basic idiom that prevention is better than cure, pharmacists in developed and developing nations need to be more engaged in public health activities.

To provide basic competency and skills to future pharmacy practitioners, there is no doubt that public health instruction needs to be incorporated into core courses in the pharmacy curriculum. Unfortunately, there is a huge gap in incorporation of subjects related to public health in the pharmacy curriculum, especially in developing countries. Currently, in many developing countries, especially those in Asia and Africa, changes to the pharmacy curriculum are made according to the needs of the pharmacy workforce. For example, in countries such as Thailand, Pakistan, and India, where public health needs are overwhelming, the traditional 4-year bachelor’s degree in pharmacy program was replaced by a 5- or 6-year doctor of pharmacy program in response to changes in the workforce, but no changes were made to the pharmacy curriculum to greater emphasize public health and related subjects such as social

epidemiology, health promotion, social medicine. A simple inspection of the Web sites of 10 Malaysian pharmacy schools found that less than half had subjects related to public health pharmacy in their curriculum. An introductory course on public health pharmacy is much needed for future practitioners so that they become more aware of their future role in population health beyond the clinical effects of drugs.

The major challenge to offering such courses in schools in developing countries is the lack of awareness and perceived importance of such topics by pharmacy educators. Furthermore, the mentality among pharmacy educators themselves, which still perceives pharmacy as only a “formulation and chemistry” based subject, is another factor that hinders the incorporation of public health courses in the pharmacy curriculum. Lack of trained educators in public health pharmacy is also a major issue because most public health providers are medical doctors. A drastic change of mindset among educators is needed to have a more balanced curriculum to foster the competency of pharmacy practitioners in developing countries. More pharmacy educators and leaders need to come forward and advocate the importance and needs of courses such as public health in existing pharmacy curriculums.

Working in collaboration with the patient and the prescriber, pharmacists offer solutions for the betterment of the health of the society. Many public health agendas advocated by international organization such as the United Nations in its Millennium Development Goal (MDGs) can be achieved by engaging pharmacists as one of their key health care partners. Pharmacists’ accessibility, extensive knowledge of drug therapy, and trustworthiness in the minds of consumers open many opportunities for pharmacists to expand their reach into public health activities. Pharmacists’ involvement in the macro aspects of population health such as provision of health promotion intervention not only results in better health for the patient but also ensures documented savings for payers and patients. As health care reform becomes a reality, pharmacists in every setting must be prepared to respond to this call to help address the overwhelming public health issues that challenge patients and systems of care.