



[>> Congresses](#) >> [Previous Congresses](#) >> [Cairo 2005](#)

congresses and conferences

[General Information](#) | [Brazil 2006](#) | [Beijing 2007](#) | [PSWC 2007](#) | [Previous Congresses](#)
[Cairo 2005](#)

| [New Orleans 2004](#) | [Kyoto 2004](#) | [Sydney 2003](#) | [Nice 2002](#) | [Singapore 2001](#) | [History](#)

[HOME](#)

[Latest news](#)

[About us](#)

[Membership](#)

[Congresses&Conferences](#)

[Pharmacy Practice](#)

[Pharmaceutical Sciences](#)

[Pharmacy Education](#)

[Statements & guidelines](#)

[Publications](#)

[FIP Awards](#)

[Health Topics](#)

[Human Resources](#)

[Tobacco Cessation](#)

[HIV/AIDS](#)

[Malaria](#)

[Counterfeit medicines](#)

[Good pharmacy practice](#)

[Young Pharmacists Group](#)

[FIP Foundation](#)

[Regional Pharmaceutical
Forums](#)

[Pharmabridge](#)

[International Forum on
Medicines](#)

[World Health Professions
Alliance](#)

[Events List](#)

Cairo Congress Report

Medicines for all – a human right

This was the theme for the 2005 World Congress of Pharmacy and Pharmaceutical Sciences held in Cairo, Egypt from 2 to 8 September, and attended by over 2,000 pharmacists and pharmaceutical scientists from 92 countries. At the Opening Ceremony, the Egyptian Health Minister, Professor Dr. Mohamed Awad Tag El-Din, welcomed the theme but also pressed the point, which resonates with FIP policy, that medicines are special products, not to be treated as ordinary articles of commerce.



Presidential address.

The President of FIP, Mr. Jean Parrot, in a thoughtful and well received address at the opening ceremony, reflected on events over the past twelve months that had had an impact on the global community.

Following the shocking devastation caused by the tsunami that hit South East Asia on December 26, 2004, the need for safe, medicines of high quality was immediately apparent. People all over the world responded immediately and generously and gifts of medicines in very large quantities were made. Unfortunately, as so often has happened in the past, many medicines were allowed to accumulate in airports, in unfavourable storage conditions. The problem was compounded by the fact that there was a dearth of people with the appropriate qualifications to receive the medicines in areas of great need. This led to these generously gifted supplies being held indefinitely in customs zones.

This situation, which has occurred so often in the past, must no longer be accepted by pharmacists, said President Parrot. Urgently needed medicines must not, in the future, be permitted to pass through uncertain channels, rarely reaching those who need them so urgently. And to leave governments and NGOs which already had completely inadequate financial resources, in a position where they had to organise and pay for the destruction of tons of medicines, intended for effective use to relieve suffering, was also totally unacceptable.

Urgent thought must be given to how the problems could be avoided in the future. A first step could be for pharmaceutical associations to set up emergency units to be mobilised whenever the need arose. Mr. Parrot urged FIP Member Organisations to establish such specialist units, capable of co-ordinating international donations of medicines.



Obviously a great deal of experience in dealing with the aftermath of disasters resides in the FIP's Military and Emergency Pharmacy Section and no doubt members of the Section will be giving urgent consideration to the plea of the President for the preparation of a practical plan for public health action in emergencies, be they a result of natural disasters such as the one that had occurred following the tsunami or just a few days ago on the gulf coast of the

[Contact us](#)

[Members only](#)

 [search](#)

USA, or of an epidemic of avian ‘flu or resulting from bio-terrorism.

Mr Parrot also expressed the need to assess the outcomes of the WHO’s “three by five” initiative, launched in 2003, with the target of treating 3 million of those affected by HIV/AIDS (about half of those in actual need of treatment), by the end of 2005 in 49 developing countries. The WHO initiative had been a catalyst. Although the target was not likely to be met in some countries, it would be in others and headway had been made everywhere. The initiative had placed the focus on access to medicines, particularly factors limiting access to medicines for HIV/AIDS, as well as the severe shortages of healthcare workers in so many countries. The FIP Working Group on “Pharmacists and AIDS” had carried out a study attempting to assess the numbers of health professional in various countries in Africa. The results of the survey had been made available to the WHO. The scale of the problem is illustrated by the fact that, for example, in a country such as Uganda, there are fewer than five pharmacists per 1 million of the population, fewer than 50 per million in countries like Zimbabwe, Swaziland and Mali and even in South Africa, only 244 per million inhabitants. For comparison, the figures in France, the UK, Australia and the USA are 1140, 797, 784 and 658 per million respectively.

The migration of health professionals from developing to developed countries, for personal economic reasons was another major problem touched upon by Mr. Parrot. This was subsequently the topic for a full scale media briefing session later in the week, as was the growing problem of counterfeit medicines getting into the previously secure pharmaceuticals distribution chain, even in highly developed countries. When, with the intention of reducing prices or encouraging competition, medicines were removed from this traditional supply chain for so-called health policy reasons, the risk of penetration of the market by counterfeits was greatly increased and the likelihood of early detection greatly reduced.

In the final part of his address, the President set the scene for many of the sessions to be held in the practice programme of the Congress in succeeding days. The topics he raised included the redistribution of roles among health professionals, the implications for health services of ageing populations in industrialised countries, the role of pharmacists in the early detection of disease and in medication management and pharmaceutical research, particularly the focus on biotechnology.

The practice programme and CPD

A growing and welcome feature of the Congress is the number of sessions which carry accreditation for Continuing Professional Development purposes. The American Society of Health-System Pharmacists (ASHP), is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. Sessions in the Congress programme with an ACPE number were cosponsored by ASHP and carried continuing education credits for the number of hours indicated in the programme. These sessions were also accredited for recognition in Portugal, Germany, Japan and France by the relevant CPD agencies. Thus attendance and active participation in identified sessions at a FIP Congress has practical as well as professionally rewarding benefits.



The Practice Programme had something for everyone. The difficulty, as usual, was trying to ration time to attend parts of sessions that were running in parallel.

The Pre-Satellite sessions on 2, 3 and 4 September covered, in depth, the topics of “Information, pharmacovigilance and patient safety” and “Compliance, adherence or concordance – Who cares.?” The latter topic is becoming ever more important, whatever word one uses to describe the need to ensure that the best possible therapeutic outcome is achieved and minimum untoward side-effects are experienced from a course of medicinal therapy. As chronic conditions become more prevalent and are encountered earlier in life, adherence to agreed courses of treatment is vital if patients are to have optimum lifestyles

and unnecessary hospital admissions are to be avoided. One conclusion of a WHO report on the subject was that much more benefit would result from securing adherence to long term therapy than from the discovery of any new “blockbuster” medicine. Those who participated in the Pre-Satellite Programme amassed a total of 22 “Continuing Education” hours.

Symposia

The designated Practice Programme ran from 5 to 8 September, covering topics such as “The right medicine to the right person – Can we guarantee it any where in the world?”, with emphasis on access and pricing, “selection, supply and distribution of medicines”, “The world-wide problem of counterfeit medicines” and finally an excellent session entitled “Thinking the unthinkable”. This was under the joint auspices of the Boards of Pharmaceutical Practice and Science. There were three first class, thoroughly stimulating presentations covering affordable research and development, balancing availability and safety for the point of view of the user of medicines and the development of medicines for neglected and “orphan” diseases.



Many other sessions, although not in the part of the programme formally designated “Practice” were, of course, of great interest to practising pharmacists. There were too many sessions to mention all of them but human resources topics featured large, not least, as mentioned earlier, the difficulties caused to the health services in developing countries through the migration of health professionals, particularly young pharmacists, physicians and nurses.

There were general symposia on a range of topics including Information Sharing, Public Health, Patient Counselling, Tobacco Free Pharmacies and Equity in Access to Medicines. A symposium on E-Learning focused the mind on the advantages this form of teaching and information provides, not least in the field of continuing professional development. From the student’s point of view there is effective and efficient communication, lower costs and a titration to learning rhythm. From the point of view of the teaching institution, costs are reduced, optimum use is made of the time of teachers, content is easy to up-date and, of course, there is global reach.

Dr. Pedro Barata Coelho, (Portugal) the 2004 recipient of the FIP Young Pharmacist / Pharmaceutical Scientist Award for Professional Innovation gave an overview of how his award winning project on E-Learning had progressed. He stressed the need for careful planning of system content and design and for flexibility in course duration to meet the needs of individuals. Failure could be due to a number of factors including a feeling of isolation on the part of the student with no face-to-face contact, technological barriers and course content perceived to be inadequate. Dr. Claire Anderson (UK), spoke on how E-Learning contributes to learning and quoted students who had benefited considerably from this method of teaching. One suggested that the course was even more interactive than being in a classroom with other students and there was a feeling that one “knew” classmates, even although it was all “virtual.” That student also said that lecturers were there at all times to accommodate individual needs. Another student was “enjoying thinking things out on my own” and made the point that because the course used “cutting edge information”, it was the way forward to keep knowledge up-to-date and to “meet” colleagues from other parts of the world to learn from them and discuss various issues. Dr. Anderson mentioned that at Stanford University online campus, lectures were available to students online two hours after they had been delivered.

Another speaker on E-Learning pointed out that as people increase the use of their mobile telephones and iPods, these devices will become an integral part of the means used for learning. Indeed, some presentations at professional meetings are currently being made available for individuals to download to their iPods. Dr. Anderson had pointed out that in most countries there were five to ten times more mobile telephones than personal computers.

Science symposia and seminars

Although the emphasis in the overall programme was on practice issues, as it always is in calendar years ending in an odd number, the pharmaceutical sciences were certainly not overlooked. There were well attended all-day symposia on Biopharmaceutics and the Drug Development Process and Pharmaceutical Biotechnology in the Post-genomic Era and half day seminars on Dissolution Testing and Good Chemistry, Manufacturing and Control Practice as well as an interactive Biotech workshop.



A highlight of the Science Programme was the Host-Madsen Award Lecture given by Professor Stanley (Bob) Davis, UK.

Leadership Conference

This event is nowadays eagerly awaited by Presidents, CEOs, Council Delegates and Board Members of FIP Membership Organisations. The objectives of this year's conference were to promote awareness that the role and business model of the community pharmacist will need to change over the next few years to address emerging opportunities and threats, to highlight how government policies and the changing commercial policies of pharmaceutical manufacturers would impact upon them and to propose a common agenda, promoted by the FIP, to form the basis of a programme of strategic reflection and preparation of plans for the future.

Hans Erik Henriksen, Leader Healthcare Nordic Region for IBM Business Consulting Services gave an overview of the pressures on governments to contain healthcare costs and reviewed the types of initiatives being launched for this purpose in various countries. He then presented his view of the impact of these initiatives on pharmacies and suggested ways in which community and hospital pharmacists might "re-define their role and position within the healthcare system.

Gilles V.J. Pajot, Executive Vice President of IMS spoke on the role of the pharmacist in collecting, evaluating and reporting data on safety in the use of medicines and Richard Platford, recently retired from IBM Consulting Services gave a presentation entitled "The Dispensing Pharmacist – In Search of a New Business Model. Mr. Platford's review of the stresses and emerging trends in the channels for distribution of pharmaceuticals as manufacturers fine tuned policies, particularly for highly priced products for which careful patient management was vital if optimum benefit to the patient was to be achieved, had a strong impact on the audience. He made it clear that if community pharmacists did not recognise these trends and adjust their practices accordingly, they would be replaced by others who were even now taking advantage of the changing circumstances in some countries.

Many of those who attend the Leadership Conference consider that this one event makes attendance at an FIP Congress well worthwhile both in personal terms and for the organisations they represent. And by the wonder of new technology, all the verbal and PowerPoint presentations were available on DVD to those attending the Council meeting the following day.

Council Meetings.

At the Council meeting on 3 September, Dr. Henry Menase (USA) was elected Professional Secretary of FIP in succession to Colin Hitchings (UK), whose term of office came to an end at the conclusion of the Cairo Congress. Warm tributes were paid to Mr. Hitchings, both at the Council meeting and at a function hosted by the board of Pharmaceutical Practice, for the way in which he had discharged his responsibilities as Professional Secretary throughout

his term of office. Mr. Hitchings had previously been Chairman of the Hospital Pharmacy Section and had for a short period had taken on the role of general secretary during an interregnum.

The Council, at its meeting on 8 December adopted two statements that had been debated at the 3 December meeting and at the assembly of Pharmacists and Pharmaceutical Scientists on 4 September.

Bearing in mind the theme of the Cairo Congress, it was very fitting that the Council should adopt, unanimously, a Statement of Policy on Improving Access to Medicines in Developing Countries.

The second statement adopted by the Council, with only one vote against and no abstentions was a Statement of Professional Standards on The role of the Pharmacist in the Fight Against Doping in Sport. Unhappily, this practice is seen not only in professional sport but also an amateur and even school-age competitions.

Both statements will be available on the FIP website by the time you receive this issue of FIP NEWS.

Awards

At the opening ceremony, the highest scientific award of FIP, the Host-Madsen Medal was presented to Professor Stanley (Bob) Davis, UK. The FIP Distinguished Practice Award was presented to Mr. Joao Silveira (Portugal) and the FIP Lifetime Achievement in Pharmaceutical Practice Award to Dr. Hans-Gunter Friese (Germany).

FIP Distinguished Service Awards were presented to Mr. Kal Chatto (USA) and Mr. John Ferguson (UK) in recognition of the service they had given to FIP over many years.

And for the first time ever, individual members were designated FIP Fellows. The first recipients of these prestigious awards were Dr. Dominique Duchene (France), Mr. Keith Johnson (USA), Dr. Hans Junginger (Germany), Mrs. Jane Nicholson (UK) , and Dr. Hiroshi Terada (Japan).

[top of the page](#) [homepage](#)