

NEWSLETTER #38 – June 2006

PHARMACIENS SANS FRONTIERES COMITE INTERNATIONAL

The 2006 General Meeting of PSFCI was held on 17 June from 2 pm at the association's headquarters in Clermont-Ferrand. Members came from Germany, Belgium, Canada, Denmark, Sweden, Norway, Switzerland, and France.

The General Meeting– 17 June

Chairman's report

In his report, the chairman Mr Jean Jacques Gaye expressed his confidence regarding PSF's future and emphasized the need for greater cohesion between the components of the Movement, an essential condition for more active, independent international pharmaceutical assistance.

2005 Financial report

The financial report of the association, presented by the treasurer Jean Gazzola and the administration and finance officer Nicolas Bonnefoy, was a bit alarming. For, even if programmes achieved a balanced result in 2005, the headquarters was in deficit on 31 December 2005 despite tight control of expenses. The funds raised from the sale of greeting cards, partnerships, donations, etc... were insufficient to cover the 15% matching funds required for development programmes, audits of suppliers, pre-funding of multi-annual programmes and operating costs.

And it is increasingly clear that, in humanitarian aid, the principle of co-financing programmes through own funds has become widespread, as well as multi-annual programmes (2-3 years) for which PSFCI must advance money.

2005 Annual report

The 2005 annual report, presented by the Operations Director M. Yacine Louz, outlined 17 large programmes in 8 countries (Burkina-Faso, Democratic Republic of the Congo, Southern Sudan, Chad, Cambodia, Haiti, Indonesia, and Tajikistan) for EUR 13,357,486. There was a special focus on the programmes carried out by PSFCI in Southern Sudan, cited by donors as models of programmes to be implemented in chronic emergency situations. Most 2005 emergency and development programmes continue in 2006.*

The Operations Director pointed out that the lack of own funds seriously limited opportunities for the intervention of the well-established association acclaimed for the quality of its work in the field. Over the past decade, humanitarian operations have changed. Institutional donors increasingly demand skilled workers. We are accountable financially and morally. We are audited in the field and we have an obligation to achieve results.

Starting a true, nationally and internationally unified pharmaceutical movement, an internal partnership was established in 2005 with PSF 37 to support the mission in Chad, and PSF Germany showed interest in the programmes carried out in Burkina-Faso, Cambodia and Tajikistan. The different components of the PSF movement have started to pool their resources to work together on critical programmes to improve access to essential medicines for the most disadvantaged populations.

Jochen Schreeck then presented the experience acquired by German and Swiss pharmacists in emergency situations in Sri Lanka and Pakistan, the development of training to pharmacists wanting to participate in this type of activities, and the establishment of an on-call duty schedule for volunteer pharmacists ready to go in case of a disaster. Of course, these training sessions and on-call duty schedule are open to any pharmacist from any PSF section.

Two new members joined the Board of Directors of PSFCI: Soeren Troels Christensen from Denmark and Aline Honoré from Belgium. M. Jean-Jacques Gaye was re-elected as Chairman. The members of the Executive Board were elected as well.

The Congress – 18 June

The union of all PSF associations was the focus of discussions at the Congress, where Marina Benedik, General Director of PSFCI, questioned the membership on the future of the movement and described the difficulties encountered by various humanitarian organisations—including PSF—as they expanded to the international level, when all these resources and energy could and should have been focused on the task to be accomplished rather than being dispersed.

From drug selection and drug quality control to patient follow-up, passing through distribution, delivery and advice, the expertise of pharmacists is essential and gradually recognised. How can the people of the poorest countries benefit from this expertise?

Diane Lamarre, a community pharmacist and Associate Clinical Professor at the University of Montreal, mentioned the work done by PSF in Bosnia-Herzegovina, where, between 1992 and 1995, the primary objective was to provide medicines and manage (destroy) drug donations. This emergency phase was followed by the rehabilitation of the drug circuit between 1995 and 1997, a complete reorganisation of pharmaceutical services where Croatian, Serbian and Bosnian pharmacists were brought together to work on pilot-projects, and the updating of the legislation to offer better health care to patients in compliance with good pharmaceutical practices (GPPs) in 1998-1999. It was just as successful in Kosovo, where doctors and pharmacists have continued seminars, formerly organised by PSF, where Diane is regularly invited to provide comments. In her “thoughts on a PSF philosophy in development assistance”, Diane stressed the importance of this support on the long term from the connections established with pharmacy and medical professionals in these countries during humanitarian programmes.

* *The 2005 annual report is available at www.psfci.org under “Our missions/annual report”.*

EVENTS

WHO Includes 18 AIDS Medicines in its Prequalification List — including fixed dose combinations and children's formulations: http://who.int/medicines_technologies/en/index.html

MISSIONS

Indonesia

Our programme in the Province of Aceh ended on 14 June and, at the request of the national health authorities, we are now developing a technical assistance project for West Sulawesi, one of the seven new Indonesian provinces. West Sulawesi faces serious difficulties in establishing a rational essential drug supply and distribution network for its 261 health centres serving one million people.

The earthquake that struck the Island of Java has momentarily shifted our focus to emergency work on the island, where WHO called on PSF to deal with donations of drugs and training of local staff, just like in Aceh.

Funds are being sought for the two programmes.

In compliance with the French data protection act in the law of 6 January 1978 (CNIL), you have the right to access and correct information about yourself. You can exercise this right by writing to PSF-CI Service informatique 4 Voie Militaire des Gravanches 63100- Clermont-Ferrand (France).