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Pharmaceutical Services and Medicine Distribution

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Abstract

This research contain three chapters, the first one is a general frame work about the origination of the pharmaceutical industry and the importance of the patient satisfaction and then the problem of this research which is effect of the pharmaceutical global market on the local market in SUDAN and the consequences on the rational drug use and pharmaceutical care.

The second chapter is a literature framework includes the pharmaceutical care globally and in SUDAN and then the methodology of practice of pharmaceutical care and also the market size and medicine distribution in SUDAN.

Finally chapter three talk about the:

1. **Conclusion:** It would seem likely that some pharmacists are more skilled than others in patient counselling. They were actually not identified as a group in this survey or examined for reasons of their counselling as such questions will be dealt with in another study. Finally, the community pharmacist is an important source of information and can play a vital role in promoting patient health care in the community. Thus, pharmacists in the community should be trained in an appropriate fashion to meet such goals. It is also for the purpose of medicine sustainability to the third world countries, should be well preparing to the TRIPS (Trade-Related aspects of Intellectual property rights), especially Sudan.

2. **Recommendation** which state that it is important to work among the community to raise up the rational drug use issues, and this could be through NGOs, and the community leaders. And then Sudan have to prepare well of the coming global changes, TRIPS. Financial crisis.

3. **Comment:** Pharmaceutical sector is more dynamic with multi direction and with a lot and many partners, it's so crucial for the government to take care about it, and to put more concern on the affordability, availability, guilty, and safety of the drugs this beside developing the capacity of the health professional in this area to safe guard the Sudanese community the whole world as well.

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الخلاصة

هذا البحث يحتوي على ثلاثة فصول، الفصل الأول هو الإطار العام حول نشأة صناعة المستحضرات الصيدلانية، وعلى رعاية أهمية رضا المريض ومن ثم المشكلة التى يتناولها هذا البحث وهى أثر سوق الأدوية العالمية على السوق المحلية في السودان والأثار الناتجة من الأستخدام الرشيد للأدوية والرعاية الصيدلانية.

الفصل الثاني هو إطار الأدب ويشمل الرعاية الصيدلانية على الصعيد العالمي وفي السودان ثم منهجية ممارسة الرعاية الصيدلانية، وكذلك حجم السوق وتوزيع الأدوية في السودان.

وأخيرا الفصل الثالث الذى يتحدث عن:

1. الخلاصة: ويبدو أن بعض الصيادلة هم أفضل من غيرهم في تقديم المشورة للمرضى. وهنا فهم لم يصنفوا كمجموعة منفصاة في هذه الدراسة لأسباب متعلقة برعايتهم كما سيتم التعامل مع مثل هذه المسائل في دراسة أخرى. وأخيرا،يمكن القول بإن صيادلة المجتمع هو مصدر مهم للمعلومات عن مرضاهم، ويمكن أن يلعب دورا حيويا في تشجيع الرعاية الصحية في المجتمع. وبالتالي، ينبغي تدريب الصيادلة في المجتمع بطريقة مناسبة لتلبية هذه الأهداف. بل أيضا لغرض أستدامة الأستخدام الرشيد للدواء في دول العالم الثالث، وينبغي أن يكون التحضير جيدا لأتفاقية تريبس، والسودان خصوصا.

2. التوصية التي تنص على أنه من المهم أن يعمل هؤلاء الصيادلة في أوساط المجتمع لرفع الوعي بأهمية الأستخدام الرشيد للدواء وهذا يمكن أن يكون من خلال التعاون مع المنظمات الحكومية والغير الحكومية وقادة المجتمع. ومن ثم يجب على السودان أن يستفيد منهم استعدادا للتغيرات العالمية المقبلة، تريبس والأزمة المالية.

3. تعليق: قطاع الصيدلة أكثر ديناميكية من اتجاهات متعددة مع وجود الكثير والكثير من الشركاء، و لابد للحكومة من رعاية هذا الموضوع، وإلى بذل المزيد من الاهتمام على القدرة على تحمل التكاليف، وهذا بجانب تطوير القدرات المهنية فى هذا المجال.

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1-1 INTRODUCTION

According to the World Health Organization (**WHO**) figures the average life expectancy for both males and females in Sudan is 59 years. This is compared to a regional average of 66. Adult mortality (15-59 years) is 283 per 1000 people and infant mortality (under 5 years old) is 108 per 1000 live births.

In the 2010 Report on the Global AIDS Epidemic the UNAIDS/WHO Working Group estimated that around 250,000 adults aged 15 or over in Sudan were living with HIV; the prevalence percentage was estimated at around **1.1** of the adult population compared to the prevalence percentage rate in adults in the UK of around **0.2%**.

Department for International Development (DFID's) new Operational Plan for Sudan aims to deliver the following health related results by 2015:

- **800,000** people get access to clean drinking water sources.
- Reach **3** million people with health and nutrition-related programmes.
- Provide **1.5** million people with food security and livelihood assistance.

Satisfied patients have been shown to have a more positive relationship with their health care provider, and they are also more likely to continue to use health care services and remain adherent to medical regimens.
The literature on the topic suggests that information about patient satisfaction may serve as an indicator of the quality of health care services and a predictor of patients' health-related behavior.

The literature on consumer behavior also lends support to the view that satisfaction is a function of expectation. For example, individuals with high expectations that

were met by the provider tended to be more satisfied than individuals whose high expectations were not met. If a patient has low expectations of their health care provider, yet these expectations are met, the patient will be tolerant or accepting of that level of service. In the pharmacy literature, only one study on health status and the relationship between expectations and satisfaction has been reported.

Health-related quality of life (**HRQOL**) is also considered a viable patient outcome and an important measure of clinical or provider interventions. An important component of HRQOL is health status, which refers to whether an individual is free from the effects of disease and disability, able to perform the functions he or she desires, and able to complete the usual activities of everyday living. Several studies have evaluated the impact of pharmaceutical care on HRQOL using both generic and disease-specific measures. Results suggest that pharmacists have the potential to affect specific domains, such as energy/fatigue, physical functioning, role limitations, bodily pain, and mental and physical component scores. However, concerns have been raised that these results, although statistically significant, may not be clinically relevant.

The modern pharmaceutical industry in the United States originated during the 1818 - 1822 period when less than a dozen fine chemical manufacturers constructed factories in Philadelphia. History records Robert Shoemaker, producer of glycerin, as the first large-scale manufacturer in the period from 1818 - 1840. Medicines were previously manufactured in the laboratories of pharmacies where doctors and pharmacists compounded and administered drugs to patients and observed drug reactions. The Food and Drug Administration (**FDA**), which originated in 1902 by an act of U.S.A Congress, regulates the modern pharmaceutical industry. (The agency is also a scientific and public health agency

with oversight for the safety of most food products, radiation-emitting consumer products, cosmetics, and animal feed.)

Pharmaceutical firms are engaged in the discovery, manufacturing, and marketing of legal drugs, biologics (viruses, toxins, serums, and analogous products), vaccines, and medical devices such as pacemakers and prosthetics. Products are made for both humans and animals. Pharmaceutical products, both prescription and Over the Counter (**OTC**), account for a large share of the aggregate health care spending and represent major account items in international trade transactions of developed countries.

Pharmaceuticals as a percentage of total health care spending during 2002 comprised **12.8%** in the United States, **14.5%** in Germany, **15.8%** in the United Kingdom, and **22.4%** in Italy. Pharmaceutical spending in the United States grew at an average annual rate of **11%** between 1970 and 2005. The industry is global and led all other industries in rent-seeking activities by spending nearly $1 billion from 1998 to 2004 on lobbying. Profit-seeking firms engage in strategic lobbying, a special case of rent seeking. Rent seeking is a selfishly motivated effort of one party (pharmaceutical firms) targeted at influencing another party's (government regulators) decision. Economic agents will decide to invest in rent-seeking activities, such as lobbying, if the expected net present value of the effort is profitable at the margin. Global pharmaceutical trade grew at an average annual rate of **23%** from 2000 to 2003 and was valued at $200 billion in 2002. More than **80%** of pharmaceutical production and consumption occurs in North America, Western Europe, and Japan.

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1-2 PROBLEM OF RESEARCH

To study the effect of the pharmaceutical global market on the local market in SUDAN and the consequences on the rational drug use and pharmaceutical care.

1-3 OBJECTIVES

- To assess the pharmaceutical sector in Sudan.
- To explore the concept of the TRIPS globally.
- To measure the size of pharmaceutical market & to find the main players.
- To determine the customer needs from the community pharmacy practice perspective.

1-4 HYPOTHESIS

There is direct relationship between the global pharmaceutical sector and the local one in Sudan.

1-5 IMPORTANCE OF RESEARCH

- Patient satisfaction is a primary outcome that may be defined as the extent to which an individual's needs and wants are met.
- Measures of patient satisfaction are increasingly being used to assess the competency of health care providers and the quality of care, particularly as satisfaction relates to continuity of care.

1-6 QUESTIONS

- What are the main Health and Demographic Data, and Pharmaceutical determinants? ,
- What are the TRIPS? And its effect globally on the pharmaceutical sector?
- Who are the main competitors and distributors in the medicine market?

What is the customer needs from the pharmacy?

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