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CONFERENCE ABSTRACTS

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Military and emergency pharmacy

Prequalifying pharmaceutical vendors for humanitarian health response: A donor perspective

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Introduction: United States Agency for International Development (USAID) Bureau for Humanitarian Assistance (BHA) pharmacists maintain a public-facing list of prequalified pharmaceutical vendors. BHA implementing partners (IP) can choose to request procurement of pharmaceuticals supporting BHA-funded health programming from these vendors without providing additional quality assurance information. The intent of this system is to ensure adherence to USAID's strict pharmaceutical quality assurance policies while expediting the funding application and review processes, thereby creating an access pathway for quality-assured pharmaceuticals in BHA-supported humanitarian health programming.

Method: USAID sets forth stringent requirements for pharmaceutical procurement in its Operational Policies Automated Directives System (ADS), which guides the Agency's programme and operations. ADS 312 governs the Eligibility of Commodities, with a section for Restricted Commodities, which includes pharmaceuticals. Given these policies, BHA (formerly the Office of Foreign Disaster Assistance) determined a process and created a roster of pharmaceutical suppliers that were deemed to meet ADS 312 requirements.

Vendors can submit an expression of interest to BHA requesting consideration for listing as a prequalified vendor. BHA reviews expressions of interest to determine whether the vendor is a viable candidate and could fill a programmatic need. If so, the vendor will be selected for screening and will be asked to provide initial information to further determine potential appropriateness. For vendors who pass screening, BHA will initiate planning for an audit based on the World Health Organisation (WHO) Model Quality Assurance System for Procurement Agencies (MQAS). Vendors must consent to the audit and to participation in all audit processes, including review and closure of any Corrective and Preventive Actions (CAPA). If a vendor successfully completes an audit and is found to be operating at an acceptable level of compliance, the entity will be publicly listed in the Pharmaceutical Guidance Document within BHA's Emergency Application Guidelines. Listed vendors also agree to regular monitoring and periodic re-auditing in order to remain listed.

Results: Currently, BHA's list includes 17 vendors located in nine different countries across four continents. The number of vendors has increased significantly since inception, although most current vendors have been listed for previous years as well. Requests to use these prequalified vendors constitute the majority of procurement requests submitted to BHA during the unsolicited grant funding application process.

Conclusion: Although challenges remain in supplying quality-assured pharmaceuticals to BHA-funded health programming, the prequalified vendor list is a successful tool in helping partners navigate USAID's requirements to provide safe, effective, high-quality pharmaceutical products in humanitarian responses. Notably, other entities also produce vendor lists with similar purposes, such as USAID's Bureau for Global Health through the GHSC-eligible list and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO) Humanitarian Procurement Centre (HPC) Register. The existence of the BHA Prequalified Vendor List and others also raises awareness of international standards related to pharmaceutical quality assurance in humanitarian response programming.

Managing pharmaceutical procurement in an armed forces environment: A case study from Malaysia

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Supply Chain Management (SCM) encompasses all activities involved from production, procurement, warehousing, transportation, and disposal whereas management includes planning, coordination, and collaboration with all stakeholders such as manufacturers, suppliers, distributors, intermediaries, third-party service providers, and end users. Pharmaceutical and Medical Logistics (PharmaMedLog) is an integral part of clinical support services. It encompasses the supply of medications, vaccines, consumables, lab reagents, enteral nutrition, and clinical waste. Managing procurement of pharmaceuticals is still a challenge in upper-middle-income countries due to various factors, especially in an agile Armed Forces environment. It is widely acknowledged that the four elements of Good Pharmacy Practice form the basic principles of the strategy. The first element is that the pharmacist must prepare, obtain, store, secure, distribute, administer, dispense, and dispose of medical products. The second element is that the pharmacist must provide effective medication therapy management. The third element is that the pharmacist must maintain and improve professional performance. The fourth element is that the pharmacist must contribute to improving the effectiveness of the healthcare system and public health.

Strengthening military capabilities by building extensive and intercommunicable network with military hospital and local government for efficient pharmaceutical supply

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Background: Escalating tensions in the Taiwan Strait has raised serious issues of national security and the risk of a humanitarian crisis. The increasing military threat has prompted Taiwan's government to fortify its military capabilities. In order to safeguard its national sovereignty and territorial integrity, Taiwan has no choice but to be well-prepared before the outbreak of war. To sustain the combat, high-quality healthcare is vital. Thus, rendering timely medical and pharmaceutical supplies becomes imminent and plays a pivotal role in military pharmacy. However, the medical options in the branch hospital in Pingtung may be inadequate due to the limited scale and capacity of the warehouse. To address this, a strong network with the general hospital in Kaohsiung and the local Health Bureau was built.

Purpose: To investigate the benefits and future challenges of intercommunicable network for pharmaceutical supply between military hospitals and local government

Methods: The majority of therapeutic goods used in Pingtung are selected from those previously decided by Kaohsiung's Pharmacy and Therapeutics Committee. The stock status of the Kaohsiung Armed Forces General Hospital and its Pingtung Branch can be mutually notified to avoid problems with excess inventory or inventory shortages. Medical and pharmaceutical supplies of the two hospitals are interchangeable to guarantee that the medical resources are effectively used within the validity period. Anti-epidemic materials stored in the military hospital are also reported to the system and co-monitored by the Centers for Disease Control and the local Health Bureau, allowing efficient resource allocation in emergency situations.

Results: The network successfully reduced 50% of inventory shrinkage caused by expired items. Besides, a 72% decrease in the occurrence of inventory shortage has been observed, indicating significant improvement in inventory control. The procurement efficiency also experienced a 25% increase through administrative collaboration. Furthermore, immediate resource allocation by the government enabled military hospitals to fulfil military missions and undertake the tasks of pandemic prevention simultaneously. Nevertheless, safe and portable storage devices, a substitute information exchange platform and an integrated command system to systematically control the military and civilian hospitals under attack are still the major challenges ahead.

Conclusion: As a military pharmacist, the responsibility is not only to be skilled and knowledgeable in combat medicine but also to ensure a swift and sustainable pharmaceutical supply. To empower military hospitals to provide instant and high-quality healthcare during wartime, a strong medical support system is fundamental. With the help of the well-constructed network, medical resources can be procured, distributed and utilised more efficiently and cost-effectively. Moreover, future obstacles will never deter military pharmacists from refining the strategies for pharmaceutical supply and may pave new avenues for combat medical care in the next generation of warfare.

Tabletop exercises to improve business continuity plans in hospital pharmacies: A prospective interventional study

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Introduction: Ensuring the continuity of essential operations is crucial in preparing for crisis in any organisation. This can be managed through business continuity plans (BCPs). Disaster simulation tabletop (TTX) and full-scale (FSX) exercises enable to adapt and test crisis plans, including BCPs. They are used in various pharmacy contexts, but data are lacking regarding the impact of TTX to directly enhance hospital pharmacies (HPs) BCPs.

Purpose: A two-phase, pre-post intervention study among Swiss HPs was conducted. The main objective was to assess the impact of TTX on BCPs' quality and content in HPs. The secondary objective was to assess the impact of BPCs' scores on the concrete response to a crisis scenario through FSX.

Method: Phase 1: baseline BCPs assessment followed by a 120 minutes TTX for HPs' managers about nationwide electricity shortages. Participants were asked to identify problems that would occur during this situation as well as solutions to respond to the event and ensure the continuity of critical activities. Phase 2, nine months later, was a second BCPs assessment followed by a 180-minute FSX about a cyberattack on the hospital to test HPs' teams' response. BCPs were evaluated using an ad hoc 1 to 5 Likert-scale grid built from literature. Exercises ended with a debriefing followed by a written report. Satisfaction was measured with a questionnaire. All scenarios and exercises have been validated in a test HP.

Results: Five HPs were included. Differences in BCPs before and after TTX were measured. The rate of items observed in BCPs increased from 47.9% to 54.2% ($p < 0.05$). The mean overall BCPs score increased by 8.6%, from 1.74±0.15 to 1.89±0.16 ($p < 0.05$). When considering only present items, the mean BCPs score did not increase (2.50±0.30 to 2.58±0.32 ($p = 0.31$)). According to the "4Rs" concept, aspects relating to risk reduction or response have been improved more than risk readiness or recovery. HPs with the best BCPs' score seemed to have the best FSX response. Satisfaction was high and comparable for both exercises.

Conclusion: TTX can enhance HPs' BCPs, but it seems necessary to reinforce this impact with complementary simulations, thus strengthening preparedness. Further studies are planned to determine the required content of HPs' BCPs.

Experience of Japanese hospital pharmacists in coordinating operational support for hospital pharmacy departments in disaster areas

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Background: The Japanese Society of Hospital Pharmacists (JSHP) coordinated the deployment of pharmacists to provide medical support during the Great East Japan Earthquake in 2011 and the Kumamoto Earthquake in 2016. The authors sent a large number of pharmacists as volunteers to hospitals and other facilities in the disaster areas, in addition to participating in disaster medical teams.

Purpose: To strengthen and stabilise the support system, a pre-registration system for disaster relief pharmacists was introduced.

Method: In response to the 2024 Noto Peninsula Earthquake, the JSHP Disaster Medical Assistance Headquarters was set up the following day, and five days later, the Local Coordination Team started surveying the needs and situation together with hospital pharmacists from the affected prefectures at the Prefectural Health and Welfare Coordination Headquarters. A total of 48 volunteer disaster pharmacists and 36 registered disaster relief pharmacists provided operational support to the pharmacy departments of three medical institutions in the affected area and six medical institutions receiving large numbers of relief patients for approximately three months, starting seven days after the disaster.

Results: Challenges identified included improving the efficiency of the matching process between dispatch availability and needs, safety management aspects such as transport and information management systems, and strengthening mental health support for supporters.

Conclusion: The role of pharmacists in disaster situations is more diverse, including prescribing support in disaster medical teams, dispensing by pharmacy teams through mobile pharmacy and other means, support by hospital pharmacists in the pharmacy department, and a coordinating role in various coordination centres. Strengthening collaboration between these different pharmacist positions

and organisations can support the continuous provision of medicines for chronic diseases and contribute to health maintenance, including public health management. More effective disaster response requires disaster education to train and support disaster pharmacy coordinators and training through the development of business continuity plans for hospital pharmacy departments.

The world is a big place

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Introduction: The provisions of pharmaceutical services must be universal and not just emphasised to populations in affluent or at least in more viable countries. Healthcare providers, including pharmacists, should be looking at the adequate and successful provision of pharmaceutical care in every corner of the globe.

Method: The range of provisions of pharmaceutical services activity should consider supplies and advice in remote, rural and poverty-stricken areas, where both infectious and non-communicable diseases are rampant, where water and electricity supplies are inadequate, where disasters occur, and where disasters continue. Information dealing with such diseases as tuberculosis, malaria, AIDS, cholera, typhoid, ebola, filariasis and many others should be much more widely known and applied. People, not necessarily professors, who live and work in these areas are the ones to lecture and even demonstrate their experiences, successes and failures. Modern pharmaceutical supplies are frequently at risk in these areas because of remoteness, poor infrastructure, and climate problems.

Results: "Pharmacy" is practised by so many people. They are n'gangas, witch doctors, fortune tellers, bone throwers, herbalists, and vendors, and they all trade in medicines and folk law. A large portion of the drugs we use today still have their origin in the "bush", and we need to know about them. What about artemesin used for malaria treatment five thousand years ago?

Conclusion: Pharmacists must expand the definition of "Pharmacy" to be all-embracing and look forward to serving the whole world. A lot of research is needed.