

Beyond the counter

Fatima Suleman explores the opportunities to expand and change the role of pharmacists in Africa in the wake of COVID-19

Ask anyone their view of a pharmacist and inevitably people will describe someone who stands behind a counter in a white coat and dispenses medicines or advice. This is the common view. Very few people understand that there is so much more that a pharmacist can do. SARS-CoV-2 has brought an opportunity for this viewpoint to change. It has also highlighted the as-yet untapped skills that pharmacists have.

The novel SARS-CoV-2 virus is the source of the current Coronavirus disease-19 (COVID-19) global pandemic. Africa initially appeared to be spared but now all countries have confirmed cases. As of early October 2020, there were nearly 1.2 million COVID-19 cases and approaching 25,000 deaths reported across the World Health Organization (WHO) African region.¹ People with underlying comorbidities such as heart disease, diabetes, chronic lung disease, and people aged 60 years or older are reported to have higher mortality and morbidity rates while children seem to have relatively mild disease and low mortality. Healthcare professionals are at the front-line, adapting to new work conditions and new ways of interacting with patients.

Pharmacists are one of the cadres that are affected. The traditional role of the community pharmacist in low- and middle-income countries has been to manufacture and supply medicines. Hospital pharmacists have done the same, with some limited ward-based pharmacy services in terms of medicine chart reviews. Patient interaction has been limited to dispensing advice for prescription medicines or those purchased for self-care. Pharmacy, as a profession, has been boxed into this image of a profession bound by a counter within a facility.

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The COVID-19 pandemic has challenged many of these roles as governments everywhere implemented lockdown measures and curfews. Only essential service personnel, which pharmacists are, could be out and about. Social distancing and masks became the norm. To prepare for the anticipated COVID-19 patient numbers in African countries, health services concentrated on essential services only and discouraged patients from coming to health facilities. Outpatient numbers were thus reduced. The need for medicines or advice did not diminish, however.

Pharmacists in both hospitals and communities were challenged to find new ways to facilitate medicine supply, as well as counselling services. Premises had to be adapted for safety as were working conditions. Standard operating procedures had to be developed for staff working in pharmacies to interact with patients, keep surfaces as sterile as possible, keep social distanced from each other, and get regularly tested.

Patient interaction became a challenge, as vulnerable groups stayed in isolation within their homes. Pharmacists adapted by providing telephonic or online remote counselling. Structured medication reviews were con-

ducted via telephone or video linkages. Patients placed orders using WhatsApp or other messaging services. Delivery services of medicines for community pharmacies increased, while hospital pharmacies dispensed more than a month's supply, or used chronic medicine dispensing services for supplying medicines to stable patients. In addition to these services, pharmacists were also at the forefront of dealing with medicine shortages. Due to global lockdown strategies impacting on medicine supply chains, pharmacists had to look at the alternative therapies for their patients.

Pharmacists have been at the forefront of medicine information services. With no known treatment options for COVID-19, and a number of proposed therapies, pharmacists became the guardians of medicine supply, ensuring that the use of proposed therapies for COVID-19 did not impact on the supply of these medicines to patients who required these medicines for conditions that these medicines were registered and indicated for. Monitoring of medicine use also became an increasingly urgent task. Medicines in COVID-19 were being used at amounts that were estimated to have an effect. Pharmacists were required to monitor for adverse events or side effects and be the first to raise the alarm when these medicines were doing more harm than good.

A growing number of community pharmacists are having to play a role in providing advice to anxious and uncertain patients. They act as the first point of contact to those in need. With enforced lockdowns over long period, and patients isolating at home, away from friends and other family members, mental health became an issue. Uncertainty of the future, stress about job security and concerns for other family members were raising the levels of anxiety in patients, and pharmacists were a ready outlet for sharing this information during counselling situations. Thus, future training of pharmacists needs to consider early recognition of mental health conditions. Pharmacists can and should offer advice on limiting sources of stress, managing feelings of isolation, maintaining routines and reducing risks of relapse. Pharmacists also stepped up to deliver medicines and other required products to the homes of the elderly, who are among the most vulnerable population group in this pandemic. Checking in on their health and mental well being became a common activity of community pharmacists.

Academic pharmacy was changing too. Face-to-face interaction was interrupted. Clinical rotation placements were suspended. Award ceremonies and graduations had to be cancelled or transformed into virtual ceremonies. Training of students had to continue online. Many academics were not familiar with the online learning environment and faced a stressful period of upskilling themselves in terms of the range of tools available to deliver their training, while transforming their notes into online material that is accessible, easily understood, and which engaged students. COVID-19 impacted on clinical placements of students as well, and academic pharmacists had to look at unique ways to get students to undertake some of these activities. Zoom breakout rooms were used to get students to role play counselling services. Group activities using infographics were cre-

ated to help students to communicate messages about the pandemic and develop public health campaigning skills. Assessments had to be restructured so that these could be administered online.

Working remotely has also been challenging, especially re-envisioning how to collaborate on and deliver patient care. How too, do academic pharmacists ensure student engagement? Remote learning has impacted on student camaraderie, as well as making finding a work-life balance more difficult for many students who moved back home during this period. Lack of access to data and other resources necessitated thinking outside the box. Now there are many tools being used to get information to students and engage them in learning during this difficult time. Academia needs to record both the successes and failures of these and look at how some of the interventions or innovations can be used in the future. In addition, academia needs to look at how to incorporate some of the successes into existing curricular as well. The opportunity to re-look at how pharmacy training can occur outside of the traditional delivery mode on such a global level is unique. We should not fall back on old methods simply because they are familiar and comfortable.

The pandemic has provided the profession with the opportunity to innovate, develop perseverance, resilience, and determination to do the best for patients. In this way, they have become better problem solvers, advocates, leaders, and innovators. The following changes should be considered for permanent implementation:

- Using an online questionnaire tool to review patient non-urgent queries to save them a trip to the pharmacy, and to triage their request in terms of the seriousness of the query/action required. Attention can then be provided to new patients, patients on multiple medicines, and older patients who struggle to hear (telephonically), or are computer challenged.
- Better communication, consultation and coordination between healthcare professional teams in the COVID-19 era can only bolster patient care in the future.
- Reflecting on the lessons learnt from COVID-19 can help towards the development of a resource manual or standard operating procedure for other epidemic or pandemic situations.

In conclusion, pharmacists have played various roles in supporting the healthcare system during COVID-19: delivering medications to patients, educating patients on telehealth services, assessing patients for renewal of chronic medications, performing consultations on minor ailments, clarifying misconceptions about COVID-19 treatments, and contributing to COVID-19 screening. They have further supported participant recruitment for clinical trials, exploration of new drugs, medication management advice, and antimicrobial stewardship. Ongoing support from pharmacists will be needed once a vaccine is launched to reach population-wide coverage.

References

- 1 <https://who.maps.arcgis.com/apps/opsdashboard/index.html#/0c9b3a8b68d0437a8cf28581e9c063a9>