

CHAPTER - 1

INTRODUCTION TO SOCIAL PHARMACY

Points to be covered in this topic

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1.1 INTRODUCTION

- Social pharmacy shows a broad understanding that the practice of pharmacy does not just involve giving out prescription drugs and advice to people who heed it blindly. Instead, the practice of pharmacy can be seen as a social activity that involves both pharmacists and the general population.



1.1.1 Definition Social Pharmacy

- A science that addresses the social aspects of the pharmacy profession is known as "social pharmacy," and it deals with the function of medicines from social, scientific, and humanistic perspectives.

1.1.2 Social Pharmacy as a discipline

- Pharmacy's fundamental knowledge base has historically consisted of chemistry, biochemistry, physics, and physiology. The foundation of a pharmacist's professional skill is their understanding of drugs and their effects. They are interconnected among families, organizations, and health systems across various nations and cultural backgrounds.

✓ Role of Pharmacist in Public Health

- Review prescriptions:** In addition to being able to verify that the prescription is accurate and comprehensive, the pharmacist should evaluate and handle prescriptions professionally.
- Dispense prescription and non-prescription medicines:** The Drugs and Cosmetic Act, the pharmacist is supposed to be able to distribute different prescription medications and medicines that the patient needs. The pharmacist should also prescribe non-prescription, or over-the-counter, medications with extreme caution.
- Provide patient counseling:** The patient should be able to get advice from the pharmacist on the medications and drugs they take. It is also the pharmacist's responsibility to inform patients about their condition and the effects of their medications. Pharmacists should also educate patients on the proper usage of their medications.
- Hospital pharmacy management:** Hospital pharmacist policies should govern how the pharmacy operates the hospital's medication delivery system.

5. **Expertise on medication:** Healthcare providers like doctors and nurses should be able to get expert advice from pharmacists on how to use medications safely and effectively.
6. **Proficiency in pharmaceutical formulation:** A pharmacist should be able to explain the properties, types, advantages, and disadvantages of any medicine that is utilized by the general public.
7. **Deliver health care programs:** It is recommended that pharmacist's organize a range of health initiatives, such as education on pharmaceuticals, diseases, public health and hygiene.
8. **Recording incidents of a disease in their community:** Pharmacists ought to have the ability to document any instances of a disease emerging in their neighborhood.
9. **Identifying adverse reaction of a drug:** Any negative reaction or side effect that a drug may have on a patient in their vicinity should be recognized by the pharmacist.

1.2 CONCEPT OF HEALTH

1.2.1 WHO Definition



- The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social wellbeing and not merely an absence of disease or infirmity" in its constitution.
- A state that is capable of leading a fruitful social and economic life has now been included.

1.3 VARIOUS DIMENSIONS

1. Physical Health

- It refers to a person's constitutional health as well as their physical integrity on both a structural and functional level.
- It shows that every body organ is physically (anatomically) and functionally (physiologically) in a normal state and that there is perfect coordination between the organs and systems so that the body as a whole is functioning optimally.



2. Mental Health

- Mental health has been defined as "a state of balance between the individual and the surrounding world, a state of harmony between oneself and others".



3. Social Health

- Health is a result of not only receiving medical care but also of society's total integrated growth, including its cultural, economic, educational, social, and political aspects.
- Thus, the dynamic link between the population, the area they occupy, and the professional skills they have gained for their needs determines the group's health.



4. Spiritual Health

- The desires and aspirations of the patient are ignored by modern medicine since it takes a mostly mechanistic approach to human treatment.
- The spiritual connection between the spirit, mind, and body is critical in providing for people, research has recently shown. According to studies, altering a person's way of life can assist to lowering the prevalence of certain diseases.



1.4 DETERMINANTS

- Determinants of health are factors that influence the health status of individuals and populations. These determinants can be categorized into several broad groups, and they interact in complex ways.

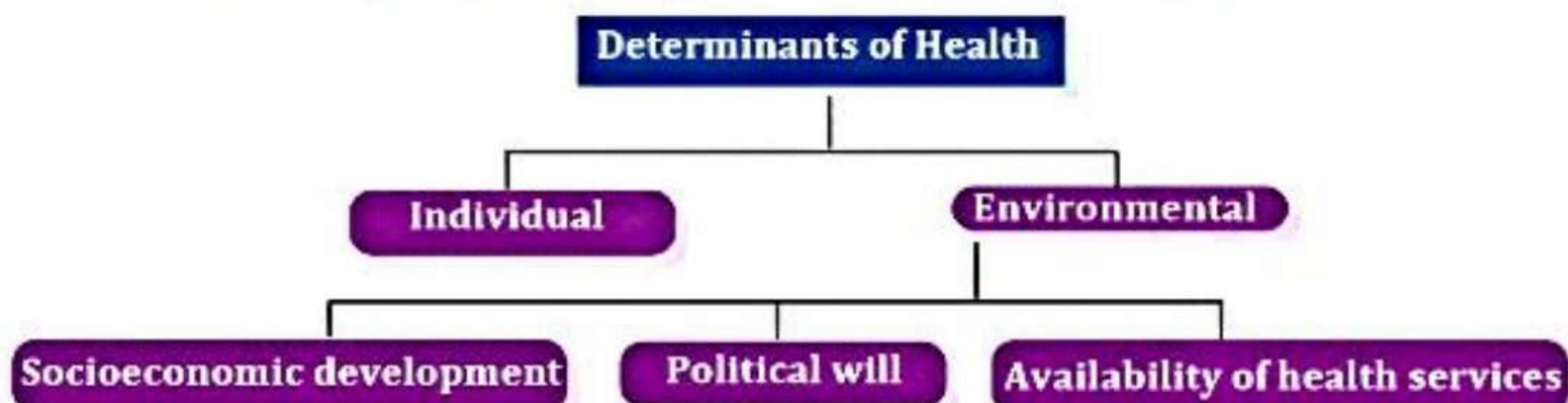


Fig. 1.1: Determinants of Health

A. Individual

1. Genetics

- One of the causes of several diseases is hereditary factors. Some types of illness are caused by hereditary traits that people inherit from their parents.
- For eg-, there is a higher likelihood that the offspring of diabetic parents may develop the disease. Therefore, a person's genetic makeup plays a role in their current condition of health.



2. Life cycle

- The style of life, attitude towards life, and knowledge of healthy living are all factors that affect a person's health.
- For eg-, a person's behaviors (alcoholism and drug addiction) may cause issues with leading a healthy lifestyle if there is a lack of health awareness.

B. Environment

1. Socioeconomic development

- Humans are subject to a system of rules and regulations that have been established and approved by the society in which they reside. A person's health can be impacted by a variety of cultural practices and traditions.

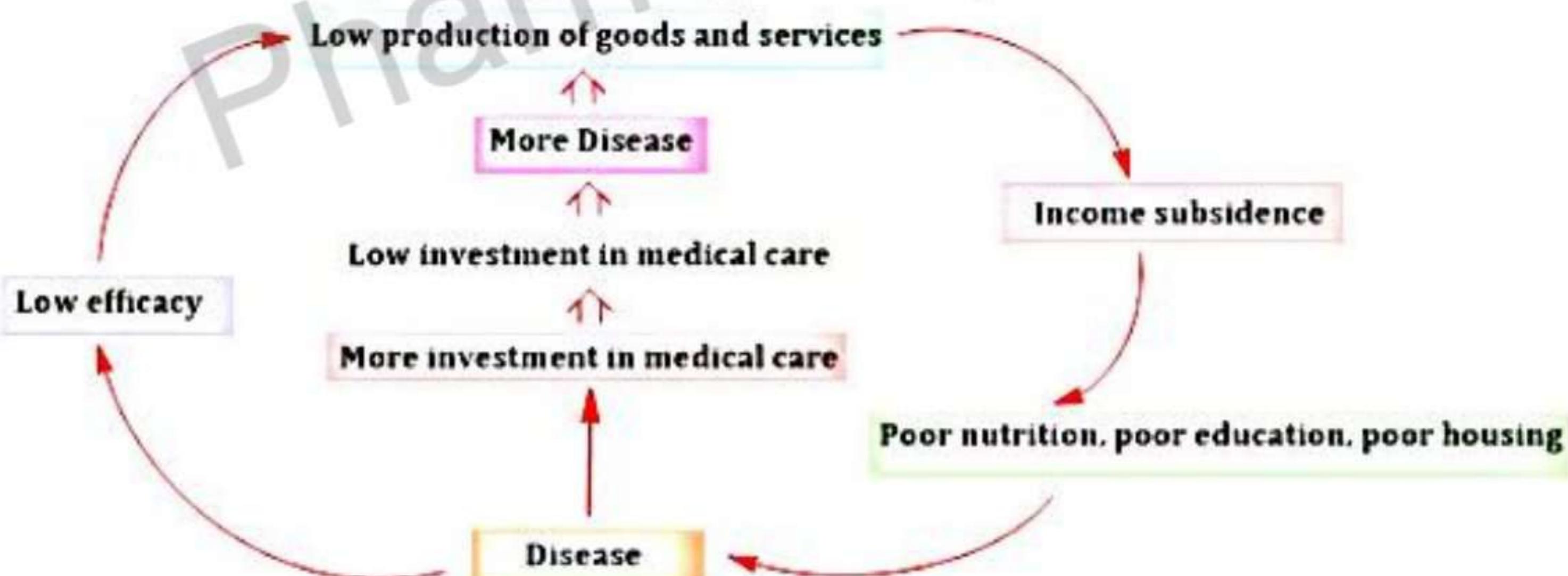


Fig. 1.2: Economic cycle of diseases

2. Political will

- Poverty is the main contributor to poor health, as can be seen, if we examine the causes of illness. Disease agents target the underprivileged population that resides in slums with low hygiene conditions.



3. Availability of health care services

- It is now widely acknowledged that the right to health is a fundamental one. Therefore, it is in each nation's best interest for its citizens to be in good health. Each country's government offers cheap health care to its citizens.

1.5 HEALTH INDICATORS

Indicators of Health

- Since there are various facets to health, there is also a wide variety of health indicators. All elements that negatively impact health must be evaluated and measured to describe the state of the community's health.

Many indicators are used to describe the health profile of the community as follows:

- 1. Mortality Indicator:** The indirect indicator of health is the mortality rate. A community's health state can be determined by looking at mortality rates for different age groups, such as newborn, child, and maternal mortality rates as well as mortality rates for certain diseases and the overall death rate.
- 2. Disability Rate:** Between two extremities of mortality rates (about fatal outcome) and morbidity rates (about suffering) there are persons who remain disabled for some time or lifelong on recovery from disease/illness.
- 3. Health Care Services Indicators:** As a measure of one's health, the availability of medical services is determined by the doctor-to-population ratio, the population-to-bed ratio, and the population-to-health center ratio.
- 4. Sanitation Indicator:** This term covers care of food, and water, disposal of excreta and regulation of the environment. Thus, if adequate nutritional requirements are not fulfilled, it will result in ill-health that can be measured in terms of height, and weight measurements of school children.
- 5. Socioeconomic Indicator:** The socioeconomic health of a community can be determined by measuring socioeconomic development in terms of population growth rate, per capita income, unemployment rate, literacy rates, etc.
- 6. Quality of life Indicator:** By characterizing the quality of life that each person and the community as a whole lead, health status can be evaluated.

1.6 NATIONAL HEALTH POLICY (NHP)- INDIAN PERSPECTIVE

INTRODUCTION

A National Health Policy is a comprehensive and strategic framework developed by a country's government to guide the overall direction and goals of its health sector. It serves as a roadmap for planning, implementing, and evaluating health programs and initiatives.

(A) NATIONAL HEALTH POLICY (NHP) 1983



- 1. First National Health Policy (1983)**
- 2. Second National Health Policy (2002)**
- 3. Third National Health Policy (2017)**

Features of the 1983 Health Policy

- It was critical of the curative-oriented western model of healthcare.
- Emphasized a preventive, promotive and rehabilitative primary health care approach.
- Recommended a decentralized system of health care, the key features of which were low cost, deprofessionalization (use of volunteers and paramedics), and community participation.
- Expansion of the private curative sector which would help reduce the government's burden.

(B) NATIONAL HEALTH POLICY (NHP) 2002

A revised health policy for achieving better health care and unmet goals was brought out by the government of India in National Health Policy 2002.

Objectives and Key Strategies of NHP 2002

- Primary Health Care Approach
- Decentralized public health system
- Convergence of all health program under single field umbrella
- Strengthening and extending public health services
- Enhanced contribution of private and NGO sector in health care delivery

(C) NATIONAL HEALTH POLICY (NHP) 2017

The National Health Policy, 2017 was passed by the Union Cabinet at its meeting on March 15th, 2017. This is the third NHP government of India. 14 years after the last health policy (NHP 2002) the context has changed in four major ways to design NHP 2017 as below.

- **Ever Changing Health Priorities:** Even with the rapid decline of maternal and child mortality rates, there has been a constant growth in the number of non-communicable and infectious diseases.
- **Growth Rate of the Health Care Industry:** One significant change is the emergence of a robust health care industry that is estimated to grow in leaps and bounds.
- **Catastrophic Expenditure:** The growing rate of catastrophic expenditure due to costs for healthcare is another reason. Poverty is said to be a result of these costs.
- **Economic Growth:** The rise in economic growth enables enhanced fiscal capacity.

The goal of the NHP 2017 are as follows

1. The policy aims to attain the highest level of health and well-being possible for every individual in any given age group, through a preventive and promotional healthcare orientation in policies.
2. It also focuses on universal access to excellent quality healthcare services without anyone having to face financial hardship.
3. The Policy recognizes the importance of Sustainable Development Goals along with an indicative list of time-bound quantitative goals aligned to ongoing national efforts and global strategic directions.

Principles of the National Health Policy 2017

1. **Professionalism, Integrity and Ethics:** The health policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care delivery in the country.
2. **Equity:** Reducing inequity would mean affirmative action to reach the poorest.
3. **Affordability:** As costs of care increase, affordability, as distinct from equity, requires emphasis. Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption expenditure, are unacceptable.

- ❖ **Health Status and Programme Impact**
- ✓ **Life Expectancy and Healthy Life**
 - a) Increase Life Expectancy at birth from 67.5 to 70 by 2025.
 - b) Establish regular tracking of Disability Adjusted Life Years (DALY) Index as a measure of the burden of disease and its trends by major categories by 2022.
 - c) Reduction of TFR to 2.1 at national and sub-national level by 2025.
- ✓ **Mortality by Age and/ or cause**
 - a) Reduce Under-five mortality to 23 by 2025 and MMR from current levels to 100 by 2020. Reduce infant mortality rate to 28 by 2019.
 - b) Reduce neo-natal mortality to 16 and stillbirth rate to “single digit” by 2025.
- ✓ **Reduction of disease prevalence/ incidence**
 - a) Achieve the global target of 2020 which is also termed as the target of 90:90:90, for HIV/AIDS i.e, - 90% of all people living with HIV know their HIV status, - 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.
 - b) To achieve and maintain a cure rate of >85% in new sputum-positive patients for TB and reduce the incidence of new cases, to reach elimination status by 2025.
- ❖ **Health Systems Performance**
- ✓ **Coverage of Health Services**
 - a) Increase utilization of public health facilities by 50% from current levels by 2025.
 - b) Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025.
 - c) More than 90% of newborn are fully immunized by one year of age by 2025.
 - d) Meet the need for family planning above 90% at the national and sub-national level by 2025.
 - e) 80% of known hypertensive and diabetic individuals at the household level maintain “controlled disease status” by 2025.

- ✓ **Cross-Sectoral goals related to health**
 - a) Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025. Reduction of 40% in prevalence of stunting of under-five children by 2025.
 - b) Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).
 - c) Reduction of occupational injury by half from current levels of 334 per lakh agricultural workers by 2020.
- ❖ **Health Systems strengthening**
- ✓ **Health finance**
 - a) Increase health expenditure by the Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
 - b) Decrease in the proportion of households facing catastrophic health expenditure from the current levels by 25% by 2025
- ✓ **Health Infrastructure and Human Resource**
 - a) Ensure the availability of paramedics and doctors as per the Indian Public Health Standard (IPHS) norm in high-priority districts by 2020.
 - b) Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025.
 - c) Establish primary and secondary care facility as per norms in high-priority districts (population as well as time to reach norms) by 2025.
- ✓ **Health Management Information**
 - a) Ensure a district-level electronic database of information on health system components by 2020.
 - b) Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.
 - c) Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.

❖ **Policy Thrust**

- ✓ **Preventive and Promotive Health:** The policy aims to institutionalize inter-sectoral coordination at national and sub-national levels to optimize health outcomes, through the constitution of bodies that have representation from relevant non-health ministries. The policy identifies coordinated action on seven priority areas for improving the environment for health:
- ✓ **The Swachh Bharat Abhiyan:** One of the most well-known and important initiatives in Indian history is the Swachh Bharat Abhiyan. On October 2, 2014, Prime Minister Narendra Modi announced and started this campaign in remembrance of Mahatma Gandhi's dream of a clean nation.
- ✓ **Addressing tobacco, alcohol and substance abuse:** The success of Nasha Mukti Abhiyan would be judged in terms of a measurable decrease in the use of tobacco, alcohol and substance abuse.
- ✓ **Yatri Suraksha:** The Indian Railway Protection Force (RPF), has launched a pan-India operation known as Operation Yatri Suraksha. Under this initiative, several steps are taken to provide round-the-clock security to passengers.

1.7 PUBLIC AND PRIVATE HEALTH SYSTEM IN INDIA

1. Public Healthcare System:

- The state and federal governments in India oversee public hospitals and healthcare systems.
- Every patient has the right to enter a public healthcare facility for treatment, and these facilities are not permitted to turn away any patients.
- The majority of Indians would rather use the public healthcare system than the private one because the former requires significantly less funding than the latter.
- Almost every Indian city has access to a public healthcare system.

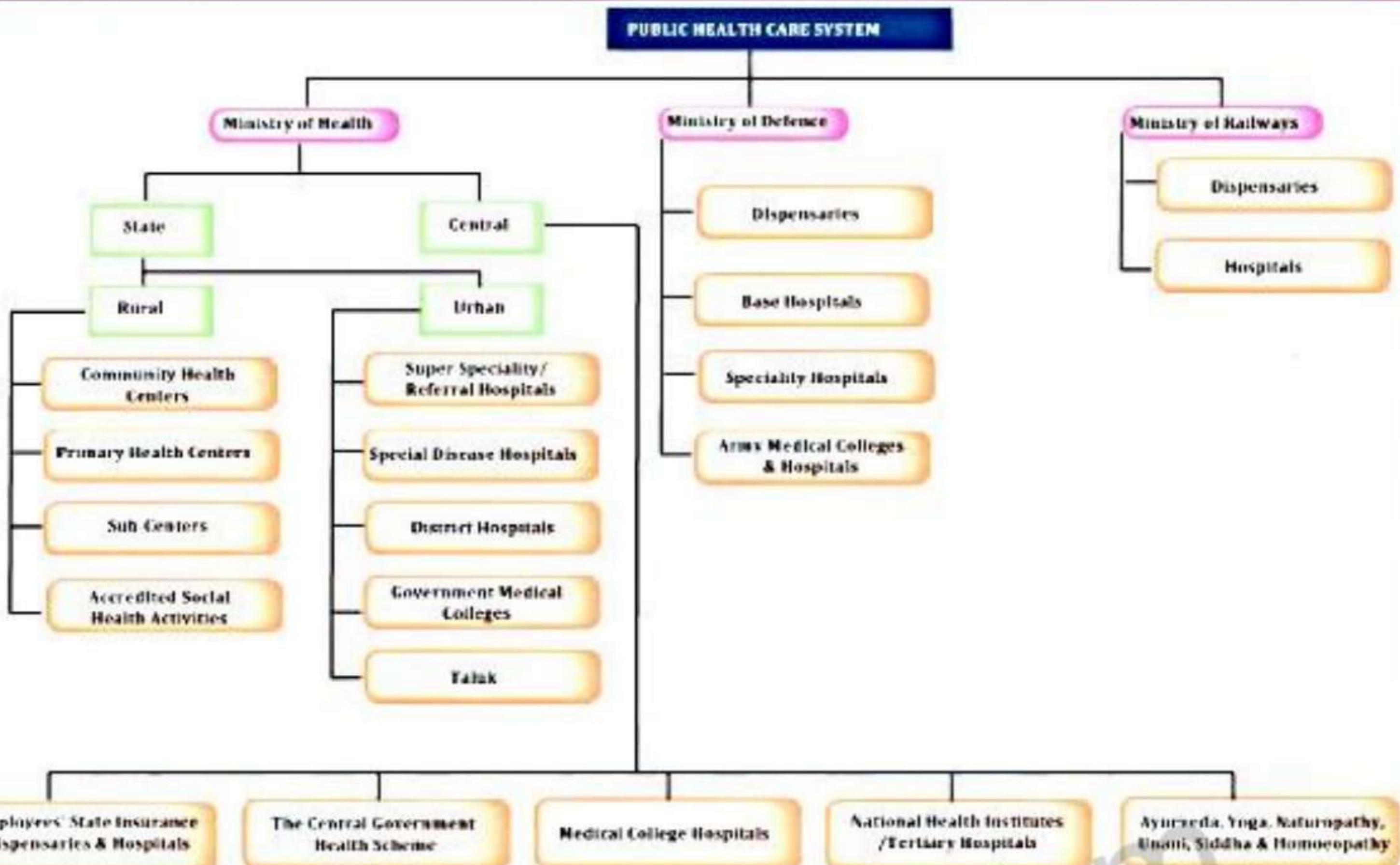


Fig. 1.3: Public Health care system

2. Private Healthcare System:

- In India, patients receiving private healthcare receive individualized attention and prompt treatment, but there is a cost associated with this.
- The cost of healthcare facilities in the private vs public sectors is significantly higher.
- The private healthcare system is free to turn away individuals who they believe are unable to pay for their care, but they cannot turn away patients who are in urgent need of care.



Fig. 1.4: Public Health care system

1.8 NATIONAL HEALTH MISSION

INTRODUCTION

- The National Health Mission (NHM) is a flagship healthcare program launched by the Government of India in 2005 to address the health needs of the underserved and vulnerable populations in the country.

- ❖ **The goals for NHM have been set specifically for states**

The National Health Mission (NHM) in India has several overarching goals aimed at improving the health and well-being of the population. While specific priorities may vary across states, the following are common goals shared by the NHM:

- ✓ **Universal Immunization:** Ensure universal immunization coverage to protect children and adults against preventable diseases. This involves expanding the reach of immunization services and increasing community awareness about the importance of vaccination.
- ✓ **Promote Family Planning:** Encourage and facilitate family planning services to enable couples to make informed choices about the number and spacing of their children. This contributes to population stabilization and maternal health.
- ✓ **Control Communicable Diseases:** Implement strategies to control the spread of communicable diseases such as malaria, tuberculosis, and HIV/AIDS. This involves prevention, diagnosis, treatment, and awareness programs.
- ✓ **Address Non-Communicable Diseases:** Develop strategies to address the rising burden of non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, and cancer. This includes prevention, early detection, and management of NCDs.

➤ **The endeavor would be to ensure the achievement of indicators as follows**

- Reduce MMR (Maternal Mortality Ratio) to 1/1000 live births.
- Reduce IMR (Infant Mortality Rate) to 25/1000 live births.
- Reduce TFR (Total Fertility Rate) to 2.1.
- Prevention and reduction of anemia in women aged 15-49 years.
- Prevent and reduce mortality and morbidity from communicable, non-communicable; injuries and emerging diseases.

- Based on development NHM is divided into two parts
- ✓ National Rural Health Mission
- ✓ National Urban Health Mission



1. The National Rural Health Mission (NRHM)

- The NRHM aimed to address the healthcare needs of rural areas and focused on improving healthcare infrastructure, accessibility, and quality of services.
- Its objectives and goals were designed to bring about significant improvements in the rural healthcare sector.

✓ Here are the main objectives of NRHM:

- **Improve Health Infrastructure:** Strengthen the healthcare infrastructure in rural areas by upgrading existing health facilities, building new ones, and ensuring the availability of essential medical equipment and supplies.
- **Human Resource Development:** Enhance the availability of trained and qualified healthcare professionals, including doctors, nurses, and paramedical staff, in rural health facilities.
- **Maternal and Child Health:** Reduce maternal and child mortality rates by providing quality maternal and child healthcare services, promoting institutional deliveries, and ensuring proper antenatal and postnatal care.
- **Universal Immunization:** Achieve universal immunization coverage for all vaccine-preventable diseases among infants and pregnant women.

✓ Goals

- **Reduce Maternal Mortality Rate (MMR):** Improve maternal healthcare services to reduce maternal deaths during childbirth and pregnancy.
- **Reduce Infant Mortality Rate (IMR):** Enhance child healthcare services to decrease the mortality rate among infants.
- **Universal Immunization:** Achieve and sustain high levels of immunization coverage, protecting children and pregnant women from vaccine-preventable diseases.
- **Promote family planning:** Encourage family planning measures to control population growth and improve the health of mothers and children.

2. National Urban Health Mission

- The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community-based mechanism with the active involvement of the urban local bodies.

✓ **Here are the main objectives of NUHM:**

- Availability of resources for addressing the health problems in urban areas, especially among the urban poor.
- Develop a health care system based on the specific health needs of the city. This system will take care of vulnerable and poor sections of the urban population and meet their diverse medical and health needs.
- Partnership with the community for more proactive involvement in planning, implementation and monitoring of health activities.

✓ **Goals**

- Reduction in maternal and child mortality.
- Universal access to affordable and quality healthcare services.
- Prevention and control of communicable and non-communicable diseases.
- Access to integrated comprehensive primary health care.



NATIONAL URBAN
HEALTH MISSION

1.9 MILLENNIUM DEVELOPMENT GOALS (MDGs)

INTRODUCTION

The Millennium Development Goals (MDGs) were a set of eight international development goals that were established following the Millennium Summit of the United Nations in 2000. These goals were designed to address various global challenges and improve the living conditions of people around the world. The target date for achieving these goals was set for 2015.

The eight Millennium

Development Goals were:



- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Global partnership for development

1.10 SUSTAINABLE DEVELOPMENT GOALS (SDGs)

INTRODUCTION

- The Sustainable Development Goals (SDGs) are a set of 17 global goals adopted by the United Nations in September 2015.
- These goals, also known as the 2030 Agenda for Sustainable Development, build on the progress made by the Millennium Development Goals (MDGs) and aim to address a broader range of economic, social, and environmental challenges facing the world.
- The SDGs are designed to guide global efforts toward a more sustainable and equitable future, with the target year for achievement set for 2030.
- The 17 SDGs recognize that development must balance social, economic, and environmental sustainability and that actions in one area will have an impact on outcomes in others.



The Sustainable Development Goals are:

Clean Water and Sanitation	No Poverty	Gender Equality	Climate Action
Affordable and Clean Energy	Zero Hunger	Reduced Inequality	Life below Water
Decent Work and Economic Growth	Good Health and Well-being	Sustainable Cities and Communities	Life on Land
Industry, Innovation, and Infrastructure	Quality Education	Responsible Consumption and Production	Peace, Justice, and Strong Institutions

1.11 FIP DEVELOPMENT GOAL (INTERNATIONAL PHARMACEUTICAL FEDERATION)

INTRODUCTION

- The FIP Development Goals (DGs) are a major global initiative for pharmacy.
- They build on the innovations that led to the launch of the FIP Pharmaceutical Workforce Development Goals (PWDGs) in November 2016 at the FIP Global Conference on Pharmacy and Pharmaceutical Sciences Education in Nanjing, China.
- In turn, the PWDGs were inspired and adapted from the concepts underpinning the UN Sustainable Development Goals (SDGs) to ensure alignment of the pharmaceutical workforce to the wider global imperatives.

FIP Development Goals are listed below:

Academic capacity	Leadership development	Impact and outcomes	Communicable diseases
Early career training strategy	Advancing integrated services	Pharmacy intelligence	Antimicrobial stewardship
Quality assurance	Working with others	Policy development	Access to medicines, devices and services
Advanced and specialist development	Continuing professional development strategies	Medicines expertise	Patient safety
Competency development	Equity and equality	People-centered care	Digital health