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Chair's report

Joe Collier jcollier@sghms.ac.uk

It has been another busy few months, and this time it has been the Melbourne General Assembly (GA) that has dominated business. The program is essentially completed (see the GA website <www.isdbgeneralassembly2005.org>) and now includes various social events. It may be that we will have to find more space for discussing ISDB matters, but this could prove difficult. If you plan to attend, and it is important that everybody who can come does come, please complete the application form on p.10 (or the website) and return it as soon as possible (by 7 July 2005 at the latest).

If you will need help with the cost of travelling and accommodation, please let us know by filling in the relevant section on the form. We have limited funding available for this at present, and we are actively seeking support from outside bodies. We already have offers of help from the WHO's South East Asia Regional office, and from the Australian National Prescribing Service (NPS), but more will be needed if the GA is to be successful. You will note from the

application form that the committee has decided on eligibility criteria for allocating travel and accommodation grants. We have assumed that members from richer countries will be self-funding or will arrange for support locally. The sooner we receive applications from those seeking support, the easier it will be for us to find help. Please note the earlier closing date (17 May 2005) for requests for funding.

In addition to learning, sharing and meeting, a key issue at the GA will be the election of new members to the committee. If you are interested in standing for election we invite you to submit a brief note (no more than 200 words) about yourself for the July issue of the newsletter (closing date for newsletter submissions is 1 June 2005). Whether or not you plan to write such a note, you will need to send us your formal application (supported by two members of the Society and signed by yourself) by Monday 18 July. This should be sent to Maria Font. Several of the current committee (including myself) will not be standing for re-election so there is all to play for.

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The International Society of Drug Bulletins (ISDB) is a worldwide network of publications on drugs and therapeutics that are financially and intellectually independent of the pharmaceutical industry.

Apart from official reports of ISDB, the views expressed in this newsletter are solely those of the individual authors and do not necessarily reflect the position of the society.

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In addition to direct ISDB business, I (together with Gilles Mignot from Prescrire) attended the meeting of the WHO Expert Committee on Essential Medicines in Geneva in early March. My role was as a specialist advisor, and I was there to act as a reporter on the ISDB/WHO joint review project to which members of the Society from Australia, Belgium, Canada, Croatia, Germany, India, Israel, Italy, UK (and independently Japan) contributed. Our input was seen as very valuable and WHO have made it clear that it is eager for such a collaborative venture to continue. I expect that contracts for any new reviews will be finalised by May this year and that the reviews will need to be completed by November. It may be that there would also be additional work to be done on the project in 2006, but this has yet to be considered—watch this space.

One outcome of the January meeting of the committee was two further suggestions for constitutional change, which are outlined in the minutes of the meeting. Please could you look at these, and the suggestions that appeared in the last issue of the newsletter.

I have also received a letter from the Prescrire team about the future of ISDB and the constitution, and this has been widely circulated to members via email. In addition, a letter from Rokuro Hama has been circulated to some people and is available at <<http://it.groups.yahoo.com/group/isdbweb/message/22>>.

Please let Andrea Tarr know your views on the above by Friday 13 May. They, and any other suggestions, will then be considered at the May committee meeting.

My hope is that much of the debate about the constitution can take place now, so that discussion in Melbourne can be more focused. Ultimately, however, it will be at the GA that decisions will be made. So if you want to be involved in shaping the future of ISDB, please be there.

Secretary's report

Maria Font

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Membership news

Review of current members: A review of the Indian bulletins has taken place. All

Indian bulletins responded to the request for completion of the evaluation form and sent recent issues for evaluation. All were found to continue to meet the membership criteria. The bulletins of eastern Europe will be reviewed next, with the help of the regional coordinator, Ksenija Makar-Ausperger.

New applications: An application from an Indian bulletin directed towards patients (from the publisher of *BODHI*) is currently being assessed. The bulletin *Pharma*, a recognised correspondent from Israel, has been re-evaluated (following release of information about its financial status), and it has been accepted as a full member.

We have received three enquiries about new membership (from Spain, Italy and Belgium), but no new applications have yet been forthcoming.

It was decided that, due to the changes in the editorial team of *Genesmiddelenbulletin*, the secretary will ask the new editor to fill out a new application to ISDB.

In Italy, the Berlin declaration on pharmacovigilance will be translated to Italian and published in the ISDB Italian bulletins. It has already been translated into French.

The members' database has been updated monthly.

Webmaster's report

Maria Font

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From February 2005, all changes to the website text will be made by dedicated staff at *Dialogo sui Farmaci*, rather than by the web design company. This should mean that updating the website can be undertaken more frequently, more regularly and more accurately. The website was updated twice in January and once in February. We are now changing the members-only area and will be including all the ISDB newsletters from 2003 in the 'Publications' section.

Members-only area: more members have been contributing to the index of bulletin contents. However, the executive group felt that there was a limit to the usefulness of the current index because it is only possible to

find titles using words actually contained in the article titles. Use of this facility would be enhanced if titles could be searched using common keywords. However, this would be very difficult, because the index has four language sections, and each bulletin would need to be asked to provide keywords, along with the contents lists. It is unlikely that this would be achievable. From the possible options, the most useful would be to change the index so that it becomes a link to the search facilities for those bulletins that have a website; it would also allow other bulletins a presence on the web if they send their index (by email) to the webmaster.

Forum: This was not being used by members and has been replaced by the newsgroup <isdbweb@yahoogroups.com>. All members are already registered with this network and can communicate with each other regularly. Please contact Maria Font <maria.font@ulss20.verona.it> if you have problems accessing the network.

The new modifications have been available since 15 March 2005. Committee members will be asked for their views on the new website, especially the members-only area.

Other possibilities for the members-only area could include access to the Cochrane Library. At the last full committee meeting, we had agreed to investigate whether the Cochrane Library could be made available free of charge to members via the ISDB website. Free access to the Cochrane Library is already available for some countries. Andrea Tarr has contacted Wiley Interscience (the company that publishes the Cochrane Library) to arrange access for members from other countries (see below).

Get free access to the Cochrane Library

Wiley, publisher of the Cochrane Library, is offering all ISDB members complimentary personal access to the online version of the Cochrane Library. This complimentary access is intended to help ISDB members include Cochrane information in their drug bulletins and will be reviewed at the end of 2005. To register for access, contact Alexa

Dugan at <adugan@wiley.co.uk> giving your name, publication details, email address and full postal address. Free access to the Cochrane Library is already provided in many countries, due to national funding provisions. These countries include Norway, Ireland, Australia, Finland and Sweden. To find out more and to access The Cochrane Library if you reside in one of these countries please access <www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/DoYouAlreadyHaveAccess.html>.

Treasurer's report

Andrea Tarr

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Membership fees for 2005

Requests for membership fees will be sent out by email in the next few weeks.

For members from **countries with a high-income economy**, there are two levels of fees, depending on the budget of the publishing organisation:

- For organisations with a budget of more than £20 000 (British pounds), the membership fee is £600.
- For organisations with a budget of £5000–£20 000, the membership fee is £150.

For members from **countries with a low or lower-middle income economy** (as defined by the World Bank), the fee is £30. There is an option for these members to apply for exemption if payment is difficult.

Please pay promptly. The Society's constitution requires that the membership fee be paid within 2 months of receiving the request.

Finance reports

The finance report for 2004 was presented at the executive group meeting in January. A budget for 2005 for the general running of the Society and for the General Assembly was also presented.

Report of a meeting between ISDB and WHO

Joe Collier jcollier@sghms.ac.uk

A meeting was held between Joe Collier (Chair, ISDB), Andrea Tarr (Treasurer, Coordinator, ISDB) and Richard Laing (Medical Officer, Policy, Access and Rational Use, Essential Drugs and Medicines Policy, World Health Organization) on 1 February 2005 in London. The following topics were discussed.

1) The manual

It was agreed that ISDB and WHO should aim for a joint launch of *A practical manual on starting or strengthening a drug bulletin* at ISDB's forthcoming General Assembly (GA). The date and time listed for the launch in the draft program is Monday 12 September 2005 at 1800–1930. It was proposed that WHO would be represented at the launch by Dr Suzanne Hill, WHO's clinical pharmacologist designate. It was agreed that the schedule for completion, which would need to involve WHO reviewing each chapter twice, would need to be tight if the new launch date was to be met. Details of the schedule were agreed such that WHO would receive print-ready copy of the manual by 1 July 2005.

2) The Essential Medicines Review Project

WHO were pleased with the single drug, and section, essential medicines reviews which were due to be presented to the Essential Medicines Expert Advisory Committee in March. Assuming approval by the Expert Committee, it seemed likely that WHO would want to negotiate a new contract with ISDB for a further set of reviews to be completed in time for the Expert Committee's next meeting in 2007. Details of a contract between ISDB and WHO will need to be negotiated and, if agreed, would probably be finalised by Susanne Hill at ISDB's September 2005 GA. WHO viewed ISDB's provision of these reviews as a possible long-term arrangement.

3) WHO support for the ISDB GA

After outlining our estimates of the financial support ISDB sought from WHO to enable 19 member bulletins from developing

countries to attend the GA (the equivalent of approximately £8000), there was much discussion as to how this might be achieved. It was made clear that WHO Headquarters was very keen to help but that because of new arrangements for funding streams, ultimately the monies would have to come from a regional or country level. Richard undertook to identify those who should be contacted at the local level, to help in drafting the letter requesting support, and to write letters in support of our request. We undertook to provide the names of members likely to attend, estimates of the cost to support each one's attendance, and the criteria we would be using for their selection. It was agreed that the initial step (ie the provision of names and estimates of support needed) should be completed in the next few weeks. In addition to support for the attendance of member bulletins, WHO would be keen to support non-member participants. ISDB and WHO would produce a list of such potential participants and WHO would consider ways in which they too might receive support.

4) Other funding

Richard felt that funding could be secured from the organisation USAID to help people from bulletins in Central Asian countries (such as Kazakhstan, Kyrgyzstan, Uzbekistan and Azerbaijan), and he is keen to assist in obtaining such funds.

5) The GA Program

Richard argued that if support was to be given by WHO he would expect that more prominence be given at the GA of ISDB/WHO collaborations. It was agreed to include sessions devoted to ISDB/WHO collaborative work on the manual and on the essential medicines reviews.

'Conversations' with members

Drug Bulletin, Eritrea

Embaya Andom embayea@moh.gov.er

Why was your bulletin started?

Eritrea is the newest nation in Africa. It is located in the Horn of Africa and achieved sovereignty in 1991 after a 30-year war for independence with Ethiopia. The 30-year war caused huge loss of development as well as destruction of socioeconomic and health infrastructure.

There are high mortality rates (infant 72/1000, child 136/1000 and maternal mortality 900/100000) (*Demographic and Health Surveys*, 1995). There is a shortage of every category of health worker in the country. In the majority of public health facilities, prescribing and dispensing of medications is carried out by paramedics with limited understanding of rational drug use, resulting in poor drug supply management.

As opposed to the rapid growth of drug-related literature in many developed and developing countries, our newly independent country had no sources of information whatsoever. While the lack of biased information was good, keeping up to date with the constantly changing knowledge and ideas about drugs and disseminating reliable independent drug information remained a big challenge.

In 1991, the Department of Pharmaceutical Services was established as one of the two departments of the Eritrean Ministry of Health. The Department comprised four units—Drug Inspection, Drug Management, Licensing & Registration, and Drug Information. Since that time, the Drug Information Unit has published a wide range of educational and regulatory documents including a national drug list, treatment protocols, guidelines, manuals, a drug formulary and drug bulletins, as well as posters and brochures. The drug bulletin was started to fill the obvious gap of independent drug information for health professionals in the country.

How long has the bulletin been going, and how often do you publish?

The first drug bulletin was published in August 1995. It was a four-page bulletin for two years, then increased to eight-pages, with 2 or 3 issues per year. So far we have published 17 issues. The overlap of other drug information activities has affected the frequency since 2001. This problem is being solved as the number of new professionals within the unit and the department has recently increased.

Who receives the bulletin?

The Eritrean *Drug Bulletin* is distributed by mail to professionals in private and public health facilities, staff of the Ministry of Health both in the headquarters and branches, media and other partners. Readers include policy makers, doctors, pharmacists, nurses, pharmacy technicians, associate nurses and other health-related professionals.

What is your background and what is your role with the bulletin?

I graduated in pharmacy from the University of Khartoum, Sudan in 1984. I also earned a Masters of Public Health, in International Health, from Boston University in 1999. I received two-months training at the Mario Negri Institute for Pharmacological Research, Milan in 1996 and two weeks training in Berlin organised by the German Foundation of International Development (DSE) in 1997. Both of these training sessions focused on establishment of drug information centres and preparation of a drug bulletin.

After earning my first degree I worked in a retail pharmacy in Khartoum for 2 years. After that I joined the Central Medical Stores of the Eritrean People's Liberation Front (EPLF) during the war for independence. I then continued to work as the Head of

Tablet and Capsule Production Unit in the liberated zone of Eritrea under EPLF until independence in 1991.

I have been the head of the Drug Information Unit at the Department of Pharmaceutical Services, Ministry of Health (Eritrea) since independence. The Department of Pharmaceutical Services (now Department of Regulatory Services) is the drug regulatory body of the country and is responsible for the development and implementation of the Eritrean National Drug Policy, enforcement of drug laws and control of pharmaceutical supplies. I have been involved in various drug policy areas, editorial and publication activities of the Ministry including preparation and editing of the drug bulletin, national list of drugs, standard treatment guidelines, national formulary and pharmacovigilance manual. My role at the bulletin is chief editor, managing the whole production process—selection of topics, writing and/or reviewing drafts, designing graphics and layouts, publishing and distributing.



Sample copies of the bulletin

What staff and resources do you have to produce the bulletin?

In 1991 the Drug Information Unit had to start from scratch with very limited skills and resources. The unit functioned with one drug information pharmacist until recently when, with the expansion of activities, a second pharmacist was assigned.

The growth of the drug information service was gradual until 1994 when the unit was strengthened by the professional support of two Australian friends, Ms Beverley Snell and Ms Virginia Ford. They helped us establish a small drug information library equipped with necessary furniture, up-to-date books and a computer, using funds from Australian donors. Since then, the Drug Information Unit has been disseminating relevant drug information including the drug bulletin, which is prepared using desktop publishing. The Department of Regulatory Services staff acts as the editorial board and most of our activities are conducted in a harmonious culture of teamwork.

We have prepared, edited and proof-checked a variety of publications including books, bulletins, posters and brochures in English and in local languages. Our small drug information library is more or less updated regularly with current secondary and tertiary pharmaceutical and medical resources. Our effort to enrich the library with primary sources such as pharmaceutical and medical journals has been fruitless, mainly due to lack of continuous funding.

Do you liaise with other like-minded organisations in your area?

We have a good relationship with different programs of the Ministry of Health, including the Health Promotion Center and the Health Management Information System. We have a strong liaison with the Eritrean Pharmaceutical Association, which disseminates information about proper use of medicines through public education brochures and a professional journal. The National Drug Committee, which is a multidisciplinary committee composed of senior Ministry of Health officers, medical directors of the major referral hospitals in the capital, and representatives of the University of Asmara and private sectors, is an advisory board on drug-related issues

whose activities are coordinated by the Drug Information Unit.

Internationally we have links with WHO Essential Drug Monitor, WHO Drug Information, WHO Pharmaceutical Newsletter, the Uppsala Monitoring Centre, International Society of Drug Bulletins, International Society of Pharmacovigilance, Drug & Therapeutic Committee Network of Sub-Saharan Africa, Health Action International and Mario Negri Institute.


What kind of material do you cover in your bulletin?

Our drug bulletin includes information on drug policy issues, regulatory decisions taken by the Ministry of Health in regard to pharmaceutical services, information on old and new drugs, the concept of

essential drugs, prevalent diseases and their management, guidelines on new treatment protocols, local problems regarding drug use, news items and letters. We recently started a section on pharmacovigilance.

What are your main challenges for the future?

Our target since its inception was to produce a quarterly drug bulletin. This target has not been reached so far due to overlap of other activities. One of our main challenges is therefore adherence to a regular and timely production schedule. Others include availability of dependable funding and adequately trained manpower, as well as access to additional sources of reliable drug information.



DRUG BULLETIN

Eritrea

No. 17	PUBLISHED BY PHARMACEUTICAL INFORMATION UNIT DEPARTMENT OF REGULATORY SERVICES MINISTRY OF HEALTH, ERITREA	January 2004
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ESTABLISHMENT OF PHARMACOVIGILANCE SYSTEM

The need for a fully functional pharmacovigilance system was formulated and published in the Eritrean National Drug Policy (October 1997). Section 5.4.1 of the policy states that the Ministry will “... establish and maintain an appropriately staffed Drug Information Service under the supervision of the Department of Pharmaceutical Services which will be gradually developed and expanded to include Adverse Drug Reaction Monitoring and Poisons Information Service”. In addition there is a section (5.4.3) entirely devoted to Adverse Drug Reaction (ADR) Monitoring which reads: “The Ministry of Health will develop a program for surveillance of drugs marketed in the country. Information on Adverse Drug Reactions will be widely circulated to relevant parties”. Gradual steps to establish the system in Eritrea were taking place which include training staff and organising a national workshop for the Establishment of Adverse Drug Reaction Monitoring system. Accordingly the first National Pharmacovigilance Establishment Workshop was held in Massawa, Eritrea, from 22nd to 25th October 2003.


The objectives were:

- to clarify the meaning and aims of pharmacovigilance, appreciate the importance in Eritrea.
- to explain the proposed pharmacovigilance system in Eritrea and the awareness of the role of health professionals and hospital Drug and Therapeutics


Committees (DTCs) in pharmacovigilance.

- to review and adopt a pharmacovigilance manual for Eritrea, and the proposed national spontaneous reporting form.

The workshop was attended by 51 participants including policy makers, physicians, pharmacists, pharmacy technicians, nurses and associate nurses. There was active participation and in-depth discussion on all relevant issues as the participants reviewed and adopted the manual.



Opening speeches by (left to right) Dr. Sergio Rizzo, WHO Programme manager; Mr. Bernardo Killeyeus, DRS Director General; Dr. Michael Ghebrehiwet, Special Advisor to the Minister of Health



Workshop participants

Eritrean Manual of Pharmacovigilance specifies the functions of all health professionals and the structure of the system. The involvement of key health professionals from all over the country has created a sense of ownership thereby giving the pharmacovigilance system a nationwide acceptance.

The pharmacovigilance workshop was facilitated by a WHO consultant Dr. Alexander Dodoo, coordinator of National Centre for Pharmacovigilance in Ghana.

It was agreed that the National Drug Committee will act as a National Advisory Committee on Pharmacovigilance (NACP) in order to reduce the number of com-

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Editor's Note

Drug Bulletin has been discontinued for some time due to some technical rearrangements.

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UK inquiry into the pharmaceutical industry

The British House of Commons Health Committee has recently completed an inquiry into the influence of the pharmaceutical industry. It was the Committee's first investigation into the workings of the pharmaceutical industry since its 1914 report on patent medicines. It drew on evidence from a wide range of stakeholders not only in the United Kingdom itself, but also in Belgium (to gather evidence in Brussels about the European Union's role in drug regulation and sponsorship) and Australia (where it also heard evidence from New Zealand experts). Healthy Skepticism, an international not-for-profit watchdog of drug promotion based in Australia and with many supporters in Britain, submitted a memorandum to the Committee which can be viewed on the Internet.²

The inquiry's report acknowledges the important role of the British pharmaceutical industry economically (as Britain's third most profitable industry after finance and tourism) and medically (as the producers of a large and increasing number of drugs that extend and improve the quality of life). At the same time, however, it expresses 'over-riding concerns...about the volume, extent and intensity of the industry's influence, not only on clinical medicine and research but also on patients, regulators, the media, civil servants and politicians'. It states that the British drug regulatory authority, the Medicines and Healthcare products Regulatory Agency (MHRA) lacks transparency, has a poor history of recognising drug risks, communicates poorly, is distrusted by the public and is too close to drug companies. These failings have led to the 'increasing medicalisation of society' and consequently, the excessive and unsafe use of drugs. The Committee made a multitude of recommendations, including:

1. the establishment of an independent and transparent clinical trials registry. Full disclosure of clinical trials and trial data should then be a condition of licensing of new drugs
2. collaboration between drug companies,

MHRA, the National Health Service (NHS) and outside experts to coordinate and facilitate research

3. restrictions on material promoting new drugs, and prosecution of illegal promotional practices
4. greater scrutiny by the MHRA to monitor the adverse effects of newly licensed drugs
5. training for medical students in critical appraisal skills for clinical trials data, recognition of adverse drug effects and dealing with drug company representatives. Continuing medical education for doctors in up-to-date prescribing and greater accountability for individual prescribing practices
6. greater availability of independent advice for prescribers
7. the establishment of a public registry of interests held by health care professionals in drugs and drug companies
8. scrutiny of drug company funding for disease campaigns and patient groups
9. increased government funding for drug evaluation activities, e.g. National Institute for Clinical Excellence (NICE)
10. greater emphasis to be placed by health care professionals and institutions, and drug evaluation and advisory services, on non-pharmacological treatments for diseases.

The 126-page report is worth a look for all those with an interest in drug regulatory matters. It is interesting to note that Joe Collier was an advisor to the Health Select Committee on this inquiry.

References

1. House of Commons Health Committee. The influence of the pharmaceutical industry: vol. 1. Fourth report of session 2004-05. London: The Stationery Office Limited; 2005. Available from <<http://www.publications.parliament.uk/pa/cm/cm200405/cmselect/cmhealth/42/42.pdf>>.
2. Mansfield PR. Healthy Skepticism about drug promotion. Healthy Skepticism International News 2004;22:10-12. Available from <<http://healthyskepticism.org/news/issue.php?id=6>>.

Pharmaceutical industry influence not confined to developed countries

In this interesting article from Pakistan¹, the authors highlight the increasingly close and unhealthy relationship between the medical profession and the pharmaceutical industry. They attribute this to:

- long-term and systematic targeting of doctors by drug companies with material incentives
- greater expectations and demands by doctors for such incentives
- funding of medical education, research and publication by drug manufacturers
- tracking of prescribing habits and attempts to influence them by drug companies.

Deterrents against such collusion have included anti-kickback criminal prosecutions in the United States, a high-profile public inquiry in Britain, and guidelines issued by professional bodies in many countries that outline an acceptable code of conduct between health care professionals and the industry.

In the developing world, the Governing Council of the Mahatma Gandhi Institute of Medical Sciences in India has resolved to reject any pharmaceutical industry sponsorship of its activities. In Pakistan, the Pakistan Association of Pharmaceutical Physicians has a 'Code of Pharmaceutical Marketing Practices' and the Pakistan Medical Journalists Association has published a book titled *Medical ethics in the contemporary era*, which raises many of these issues.

However, the authors of this article lament the blatant and overwhelming drug company sponsorship and associated bias that still occurs throughout Pakistan. They put forward 24 suggestions that would, if adopted, prevent the worst practices and help to develop a transparent relationship between doctors and drug companies.

The peoples of the developing world stand to suffer particularly heavily from the present situation. The lack of regulatory processes

and capacity, and the use of expensive and non-cost-effective drugs, serve to deny health care for the poor or impoverish them more.

Reference

1. Jawald SA, Jafary MH. Relationship between the medical profession and the pharma industry: need for greater scrutiny, transparency and accountability. *Pak J Med Sci* 2004;20(4):283-91.

Successful antibiotic campaign in Moldova

In the 2003–04 school year, 3586 Year 6 students (approximately 12–13 years old) and 2716 adults in two well-matched districts in Moldova completed baseline questionnaires about their incidence of colds and influenza during the previous winter and how they were treated. Fifty students in the intervention group were then trained to provide a community education program involving peer-education sessions, 2 parents' meetings, a video, booklet, newsletters and a poster competition.

It was found that antibiotic use for colds and influenza dropped from 50.5% to 37.6% for students and 72.5% to 38.3% for adults after the intervention. The smaller drop for students may be accounted for by the much higher rate of students who did not know

whether they had taken antibiotics or not (30.0% pre- and 9.3% post-intervention), compared to adults (4.5% pre- and 0.8% post-intervention). The authors conclude that the intervention had been effective and 'was well accepted and other districts have requested that it be implemented in their schools'.

Reference

1. Cebotarenco N, Bush PJ. Peer led education reduces antibiotic use for colds and flu in Moldova. *Info-link. Pharmacy information section newsletter* 2005;33:3.

International Pharmacology Conference

The 8th World Congress of Clinical Pharmacology and Therapeutics was held in Brisbane in August 2004. One of the main conference themes was 'Medicines and Society' and a report on these sessions was published in a recent issue of the *Medical Journal of Australia*¹. The topics that were discussed included the following broad categories:

- The need for equity of access to medicines in developing countries which was underscored by recent debates on access to cheap, generic versions of antiretrovirals for HIV in Africa. The prominent role of traditional medicine in developing countries was also noted.

- The concept of quality use of medicines (QUM) was discussed. The importance of evidence-based guidelines and improving patient adherence to therapy was highlighted.
- Drug safety is likely to become an increasingly prominent issue worldwide with the increasing prevalence of long-term polypharmacy for elderly patients with co-morbidities.
- Advertising of medicines has become a growing concern. While many countries ban direct advertising of drugs to patients, all countries suffer from promotional campaigns that skirt the boundaries of legal drug advertising. In developing countries the problem is compounded because of the lack of regulatory controls and the availability of many prescription medicines over-the-counter.

The 9th World Conference of Clinical Pharmacology and Therapeutics will be held in Montreal, Canada in 2008
<<http://www.cpt2008.com/>>.

Reference

1. Day RO, Birkett DJ, Miners J, Shenfield GM, Henry DA, Seale JP. Access to medicines and high-quality therapeutics: global responsibilities for clinical pharmacology. *Med J Aust* 2005;182(7):322-3. Available from <http://www.mja.com.au/public/issues/182_07_040405/day10809_fm.html>.

Important dates

Election of ISDB Committee

Short biographical notes from candidates should be sent to Andrea Tarr by Wednesday 1 June 2005 for publication in the July newsletter.

Formal applications must be sent to Maria Font by Monday 18 July 2005.

Changes to the constitution

Please send comments to Andrea Tarr by Friday 13 May 2005.

General Assembly

If you are planning to come to the General Assembly and require funding support, please send your application by Tuesday 17 May 2005.

All those planning to come should register by Thursday 7 July 2005.

Registrants are invited to bring posters, sample bulletins etc for display at the General Assembly—please indicate on the registration form what material you will bring.

International Society of Drug Bulletins

General Assembly 2005

Registration form for members

The General Assembly of the International Society of Drug Bulletins, which is being hosted by Therapeutic Guidelines, is being held in Melbourne, Australia, on 11–15 September 2005 at Hotel Y, Elizabeth Street, Melbourne, Australia.

***The closing date for registrations is Thursday 7 July 2005
(but note the earlier closing date below for applications for funding support)***

Registrations can be submitted by post, fax or email as follows.

Print out and complete this form and post to:

***ISDB General Assembly
c/o Therapeutic Guidelines Limited
Ground floor, 23–47 Villiers Street
North Melbourne, Victoria, 3051
Australia***

OR print out and complete this form and fax to: +61 3 9326 5632

OR complete the downloaded WORD document and send by email to isdbga@tg.com.au

ISDB members (full members and recognised correspondents) are not required to pay a registration fee or pay for the official dinners.

Personal details for application

Title _____ First/given name _____

Last/family name _____

Name for badge (if different from above) _____

Bulletin _____

Mailing address _____

City _____ Postal code _____

State _____ Country _____

Work telephone number _____ Other telephone number _____

Facsimile number _____ Email address _____

Please provide details of any material you intend bringing for display (eg poster, brochures) _____

Special dietary requirements _____

Other special needs (eg mobility) _____

Social functions

Australian Prescriber 30th Anniversary Dinner (hosted by National Prescribing Service)

Tuesday 13 September 2005

Yes, I wish to attend _____

If space permits, I would like to bring my partner _____

Official ISDB General Assembly Dinner (hosted by Therapeutic Guidelines)

Wednesday 14 September 2005

Yes, I wish to attend _____

If space permits, I would like to bring my partner _____

Application for funding support

We hope to provide assistance with the cost of travel and accommodation to registrants from developing countries. Priority will be given to delegates who meet the following criteria:

- *The delegate is from a bulletin that is a full member of ISDB.*
- *The bulletin is in a country with a low or lower-middle income economy (as defined by the World Bank).*
- *The delegate is the only representative of the bulletin (including speakers) at the meeting.*

If you wish to apply for financial assistance, please mark the box with an 'X' _____

Please state how you meet the above criteria _____

The estimated cost of my flights is _____ (please specify currency)

Please provide details of flights _____

Applications for funding support close on Tuesday 17 May 2005

A notice confirming your registration will be sent to you as soon as it is processed.

Minutes of the meeting of the executive group of the ISDB committee

21 January 2005, Winchester, UK

Present: Joe Collier (JC, chair), Maria Font (MF, secretary), Andrea Tarr (AT, treasurer)

The draft agenda, the finance report for 2004, draft budget for 2005 and a paper detailing some budgeting information for the General Assembly had been emailed to all other members of the committee 2 weeks prior to the meeting. Responses were received from Etzel Gysling, Mary Hemming, and Walter Thimme, and were considered in discussion.

1. Finance report for 2004

AT presented a report of the income and expenditure during 2004. The report was approved by the group. At the start of 2005, there is a surplus of £22 900 (equivalent to about €32 410; US\$43 876) in the ISDB account (see Appendix 1, p. 14).

2. Draft budget for 2005—general Society business

MF estimated that the cost of maintaining the website would not exceed £2700 (equivalent to about €3885, US\$5070) and would probably be less than this. Payments to the web design company for the domain name, for hosting the site, and for making minor design changes would be small, but the cost of administrative support provided by staff at *Dialogo* would depend on how the members' only area develops (see website report below). Income from membership fees and other expenditure on the general running of the Society is expected to be similar to that in 2004 (see Appendix 2, p. 14). (*Note added on 23 February: the budget was subsequently approved by the committee*). It was agreed that the treasurer would send out requests for 2005 membership fees in April following an announcement in the next issue of the newsletter.

3. General Assembly (GA)—budget

There was much discussion about a detailed plan of costs for the GA, including help with members' travelling costs.

Some members of the committee were not in favour of charging ISDB members

a registration fee for attending the GA. It was confirmed that there would be no fees paid to speakers. A budget was planned, based on information on costs provided by Mary Hemming. JC and AT would be meeting Richard Laing (WHO) in London on 1 February to discuss how WHO could help with travel grants for members from lower income countries (see p.3 for report of the meeting with Richard Laing).

It was clear that funds for the GA were very limited and would not be sufficient to provide support to all attendees. It was decided that help with the costs of travel to and from, and accommodation at, the GA would be prioritised for delegates who met the following criteria:

- The delegate is from a bulletin that is a full member of the Society.
- The bulletin is in a country with a low income (low and lower-middle income economies as defined by the World Bank).
- The delegate would be the only representative of the bulletin (including speakers at the meeting).

The approach decided upon by the committee would be announced by the chair in the next issue of the newsletter. Members who wished to attend and felt they were eligible for support would be asked to apply for financial help, with an estimate of travel costs, using the registration form (see point 4 below). Anyone given a grant for travel would automatically be eligible to receive support for accommodation. The executive group will recommend to the committee how travel and accommodation grants might be allocated at its meeting in May.

4. General Assembly—general organisation

The group thanked Mary Hemming for the work that she and her team have been doing. A website dedicated to the GA has been created and there is a link to it via the ISDB website. Several members of the staff of Therapeutic Guidelines had volunteered

to take on various roles and responsibilities in helping the organisation and running of the GA. It would be helpful if the email addresses of these volunteers, together with a brief description of what they would each be doing, could be sent to members of the executive group and included in the GA website.

A registration form needs to be prepared, and it was requested that Therapeutic Guidelines does this. The form would ask details of the delegate, and would also contain a section for those seeking support (the form would contain a note about the criteria for support and by when applications for support need to be submitted). The deadline for applying for financial help will be Tuesday 17 May 2005.

The group recommended that during the GA only members of the ISDB committee should perform the roles of chairpersons and rapporteurs for sessions.

There is a need to identify vote counters for the Society's business sessions. This and other aspects of organising the business sessions would be decided at the executive group meeting in May.

In keeping with the current constitution and the recommendation of the previous Committee meeting, JC will, in the next issue of the newsletter, invite anyone wishing to stand for election to the next committee to submit a short note (say a maximum of 200 words) for publication in the July issue of the Newsletter, saying who they are, what they do and have done, and why they should be elected.

5. Constitution review

Only one response had been received to the proposed revisions to the constitution published in the November 2004 newsletter. MF felt that the proposed changes did not deal with two important issues: whether more than one person from a bulletin could be members of the committee; and what should happen if a committee member ceased to be employed by the member

bulletin. After discussion, the group proposes to the committee that the following further changes are added to the proposed constitution:

- To be added to 5.2.d: 'Not more than one representative from a member bulletin may be a member of the Committee. The Committee may not co-opt someone to sit on the Committee from a bulletin already represented in the Committee'.
- New section, 5.2.g: 'A person may serve as Chair for a maximum of 2 consecutive terms'.
- New section, 5.2.h: 'If a Committee member leaves the bulletin they have represented, he or she can remain a Committee member, and continue to serve as an officer in the Committee, until the end of term of office of that Committee, provided the publisher of the bulletin continues to wish that person to be a representative of the bulletin in the Committee, and that the Committee agrees'.

If acceptable to the committee, these additional changes will be included in the proposed changes to the constitution. (Note added 23 February: the committee subsequently approved the additional proposed changes). In the next issue of the newsletter, and by email (to be sent by MF), members will be invited to comment on all the proposed revisions; all responses to proposed constitutional changes, would need to be returned by 6 May. The executive group will seek legal advice on the document in time for the executive group meeting in May. The final proposed version of the 'constitution' will be published in the July issue of the newsletter.

6. Conflict of interests proposal

JC had received few comments on the document. He will redraft it to incorporate the comments and put on the website and invite final comments for the May meeting of the executive group. The final draft will be published in the July newsletter.

7. President's report

JC had met with representatives of Prescrire in Paris. He felt that the meeting had been most helpful as it clarified areas of concern, and had been an opportunity for allowing bridges to be built.

JC was very pleased to report that Bjorn Beermann, on behalf of *Information from*

Lakemedelsverket, had announced that he would not be resigning his membership of the Society.

The WHO/ISDB project to review drugs recommended for deletion from the WHO's Essential Medicines List has been completed. WHO had been pleased with the quality of the reviews and the efficiency with which they had been produced. It is likely that WHO would want to commission further reviews from ISDB (see p.3 for report of the discussion with Richard Laing, WHO). The committee would need to consider what arrangements would need to be made between ISDB and WHO, and how such an arrangement would be continued beyond the term of office of this committee.

8. Secretary's report

Progress with the review of current members: a review of the Indian bulletins had taken place. All Indian bulletins had responded to the request for completion of the evaluation form and sent recent issues for evaluation. All were found to continue to meet the membership criteria. The bulletins of eastern Europe would be the next to be reviewed, with the help of the regional coordinator, Ksenija Makar-Ausperger.

New applications: an application from an Indian bulletin directed towards patients (from the publisher of BODHI) is currently being assessed.

MF reported that she had received three enquiries about new membership (Spain, Italy and Belgium), but no new applications had yet been forthcoming.

9. Website

In future, changes to the website text would be made by dedicated staff at *Dialogo sui Farmaci*, rather than by the web design company. This should mean that updating the website could be undertaken more frequently, more regularly and more accurately.

Members-only area: more members have been contributing to the index of bulletin contents. However, the group felt that there was a limit to the usefulness of the current index because it is only possible to find titles using words contained in the article titles. Use of this facility would be enhanced if titles could be searched using common keywords. However, this would be very difficult, because the index has four language sections, and each bulletin would

need to be asked to provide keywords, along with the contents lists. It is unlikely that this would be achievable. There are therefore three options:

1. to keep the index as it is, but update it more regularly
2. to include in the index the contents lists of only those bulletins that can also provide a complete list of key words
3. to change the index so that it becomes a link to the search facilities of those bulletins that are available on the Internet.

Forum: this is not being used by members. MF will investigate an alternative method of electronic discussion, using email instead of the website.

Library: we need to find out if this is useful to members.

MF will ask committee members for their views on how the website, especially the members-only area, should develop.

Access to the Cochrane library: at the last full committee meeting, we had agreed to investigate whether the Cochrane library could be made available free of charge to members via the ISDB website. Free access to the Cochrane library is already available for some countries (details on the Cochrane Collaboration website <www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/DoYouAlreadyHaveAccess.html). AT will contact the company (Wiley Interscience) that publishes the Cochrane Library to find out how we can obtain general access for ISDB members.

10. ISDB/WHO manual

AT reported that a revised timetable for completing the manual had been agreed by the manual editorial group, with a view to launching the manual at the GA. AT and JC will be meeting Richard Laing (WHO) in London on 1 February, to discuss what work remains, and plans for launching the manual in September. (Note: see report of the meeting with Richard Laing on p.3)

11. Berlin declaration

The declaration was being published on 21 January, and launched with a press conference in Germany. The declaration has been included in the ISDB website.

12. Date of next meeting

- Executive group meeting:
19 May 2005

Appendix 1.

Treasurer's report of income and expenditure in 2004

Amount in the ISDB account at the start of 2004: £23 762 (€33 630; US\$45 528)

Income

Membership fees	£10 717 (€15 168; US\$20 534)
Payment from WHO for Essential Medicines List reviews	£12 589 (€17 817; US\$24 121)
Bank interest	£125 (€177; US\$240)
WHO grants*	£3173 (€4491; US\$6079)
Total income	£26 604 (€37 653; US\$50 974)

Expenditure

Bank charges	£420 (€594; US\$805)
Coordinator	£2770 (€3920; US\$5307)
Website	£2700 (€3821; US\$5173)
Newsletter	£2500 (€3538; US\$4790)
Administration costs (postage, paper, telephone)	£130 (€184; US\$249)
Committee travel expenses:	
Executive group meeting, London January 2004	
Andrea Tarr	£22 (€31; US\$42)
Maria Font	£247 (€350; US\$473)
Executive group meeting, London, May 2004	
Maria Font	£315 (€446; US\$604)
Full committee meeting, Verona, September 2004	
Benoit Marchand	£775 (€1097; US\$1485)
Gita Fernando	£770 (€1090; US\$1475)
Regional meeting, Nepal, February 2004	
Organisation	£2000 (€2831; US\$3832)
Travel and accommodation	£3054 (€4322; US\$5851)
Payments for WHO/ISDB Essential Medicines List reviews	£11 764 (€16 649; US\$22 540)
Total expenditure	£27 467 (€38 873; US\$52 626)

Surplus at start of 2005: £22 900 (€32 410; US\$43 876)

* for travel and accommodation for ISDB regional meeting in Nepal

Appendix 2.

Budget for 2005 for the general running of the Society (not taking into account the General Assembly)

Estimated income

Membership fees	£10 000 (€14 153; US\$19 160)
Total estimated income	£10 000 (€14 153; US\$19 160)

Estimated expenditure

Newsletter	£2700 (€3821; US\$5173)
Website	£2700 (€3821; US\$5173)
Coordinator	£2770 (€3920; US\$5307)
Admin (paper, phone, post)	£130 (€184; US\$249)
Bank charges (general)	£300 (€425; US\$575)
Travel expenses (committee meetings)	£600 (€849; US\$1150)
Total estimated expenditure	£9200 (€13 020; US\$17 627)

Estimated balance £800 (€1133; US\$1533)

Appendix 3.

Planning the budget for the General Assembly

At the start of 2005, there was a surplus of £22900 in the ISDB account. This is a larger amount than was expected. This is for two reasons:

- At the start of its term, the committee had allocated funding for the organisation of 5 regional meetings (£2000 for each meeting). In fact, there have been only 2 such meetings (Nepal and Berlin), one of which (Berlin) did not require ISDB funding.
- There was a surplus of £1490 from the WHO payment to ISDB for the Essential Medicines List reviews.

Cost of organising the General Assembly

We considered two models (A and B) (based on information from Mary Hemming). In both there would be no registration fee payable by ISDB members, but a fee would be sought from nonmembers who applied to attend. The proposed registration fee for nonmembers is approximately £200 (AU\$500), with a reduced fee of £70 (AU\$175) for nonmembers from low-income countries. Any income from the reduced registration fee has not been included in the models below.

A) Assuming 80 people attending (50 ISDB members + 30 nonmembers)

Cost of venue (for 80 people)	£9000 (€12737; US\$17244)
Income from registration fees (from nonmembers—£200 x 30)	£6000 (€8492; US\$11496)
Balance needed from ISDB funds	£3000 (€4245; US\$5748)

B) Assuming 70 people attending (50 ISDB members + 20 nonmembers)

Cost of venue (for 70 people)	£7500 (€10615; US\$14370)
Income from registration fees (from nonmembers—£200 x 20)	£4000 (€5661; US\$7664)
Balance needed from ISDB funds	£3500 (€4954; US\$6706)

How ISDB surplus funds will be used

There is approximately £23000 surplus ISDB funds available. The committee has previously agreed that £10000 will be set aside as a surplus for the next committee, making £13000 otherwise available. The committee had also previously agreed that £4000 would be used for the General Assembly. According to the alternatives set out above, £3000–£3500 of ISDB funds will be needed to meet the cost of the venue. This would leave £500–£1000 for helping with travel costs. The executive group proposes that a further £5000 of funds be used for helping members with travel and accommodation costs (see below) with a further £2000 set aside for contingencies.

Funds available for helping members with travel and accommodation costs

The group estimated that a total of £19000 will be needed for those requiring help to pay for travel and accommodation. There are criteria for receiving financial help (see registration form, p.10). This amount would be made up as follows:

ISDB (initial amount)	£500–£1000 (€708–€1415; US\$958–US\$1916)
ISDB (the further amount)	£5000 (€7076; US\$9580)
Donation from Joe Collier	£5000 (€7076; US\$9580)
Grant required from WHO*	£8000 (€11322; US\$15328)
Total	£18500–£19000 (€26182–€26889; US\$35446–US\$36404)

* Additional funding may be available from Australian National Prescribing Service, Australian International Seminar Support Scheme, and USAID

ISDB contingency fund	£2000 (€2831; US\$3832)
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