

Iraqi pharmacists contend with violence, murder and uncertainty . . .

Pharmacy colleges in Iraq face a shortage of academic staff, as many opt to leave the country, rather than face an uncertain future.

Pamela Mason contacted Iraqi pharmacist, Ayad Ali, who spoke about the conditions faced by pharmacists in Baghdad and beyond



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Iraqi refugees arriving in Damascus, Syria, in October 2007

Two years after the start of the war in Iraq, Ayad Ali, an Iraqi pharmacist, shared with me his experiences and reflections on the impact of the war on pharmacists and pharmaceutical services in Iraq.¹ Following recent reports in UK medical journals of a rapidly deteriorating health situation² and an exodus of medical staff from the Iraq,³ I contacted Dr Ali again to find out about the pharmacy situation.

Currently, Dr Ali is a student in the US. Two years ago, he won a Fulbright scholarship to study for a master of science degree in pharmacoepidemiology at the University of Florida College of Pharmacy. Having completed his master's degree, he has been accepted to do a PhD in the same department, again in pharmacoepidemiology, a subject that had become his specialty while he worked in Iraq. However, Dr Ali cannot start his PhD until he changes his visa status. That entails him going back to Iraq through the

US embassy in Baghdad. At the time he wrote to me, in September, he said it was impossible to go back. He is now trying to convince the US authorities to let him change his visa status without returning to Iraq. However, he tells me: "Everything is used as propaganda and is related to the war status in Iraq."

Dr Ali is clearly enjoying his studies in the US. "The environment at the department of pharmacy health care administration at the college of pharmacy is very welcoming. All the staff help me a great deal, both academically and socially." He is working with Abraham Hartzema, conducting an observational study on the safety of the long acting beta-adrenergic agonist inhalers in asthmatic patients. "Our study will have an impact on prescribers, therapeutic guidelines committees, and the drug regulatory authorities," he says. During the three years since Dr Ali and I have corresponded, the pharmacy situation in Iraq has not improved. There has been escalating violence, murder of pharmacists and huge uncertainties for students about to begin their pharmacy careers.

Dr Ali says: "A renowned professor of pharmaceutical chemistry, Ahlam Alghureri, was killed on her way home from the college of pharmacy at the University of Baghdad. A roadside bomb exploded and destroyed her vehicle."

Iraq is haemorrhaging academics

Many Iraqi professors are leaving the country, and all the colleges of pharmacy in Iraq now face a tremendous shortage of academics. This includes the newer pharmacy colleges, such as those at Mosul and Tikrit, which had a shortage of professors years before the current situation.

The schools of pharmacy were well equipped with laboratory instruments and in some cases, remain so. However, one of Dr Ali's colleagues from the University of Baghdad told him that the pharmaceuticals laboratory had been plundered.

Many recent pharmacy graduates are in limbo. "My students at the college of pharmacy in Tikrit have graduated and are in a state of uncertainty about the future of their careers. Two of the best in my class,

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who are dedicated to academia, have asked me whether I am coming back to work with them on revising the curriculum so that pharmaceutical care can be the focus of the teaching and learning processes.

"My ex-dean from Mosul told me some time ago that I should return home to help at the college. However, the current insecurity and corruption precludes thinking about any vision I have for a career in academia in Iraq. My ex-dean has fled to Syria, and advises me not to think of going back at the moment."

Community pharmacies in Iraq are open and functioning, but only for a short time each day because of the frequent curfew hours. "My pharmacist colleague . . . in Baghdad was threatened by a group of militias. Two days later, he closed his pharmacy and fled to Jordan."

The profession still lacks standards, says Dr Ali and is not governed by any reliable guidelines in clinical practice. "The uncontrolled availability of medicines from street vendors is increasing and, according to pharmacists back home, the situation was much better during the first six to 12 months of the war."

Continuing education has ceased, he adds. "Two of my students could not tolerate the situation any more and left their school of pharmacy — they were in their last year. One went to Syria with his family and the other is in Turkey."

Militias target civilians

One medical student at the University of Nahrain (formerly the University of Saddam) in Baghdad, was killed because of his last name, Dr Ali says. "This is common practice because the militias target civilians according to ethnolinguistic affiliations. This student was killed because his last name was commonly used by the Sunni sect. The Shia militias of Sadr killed him even though he was only 19 years old. The irony is that he was Shia not Sunni."

Dr Ali continues: "Do you see how sad the situation is in Iraq? I have only been away for two years. I really don't know what to say or do. Should I go back home or stay — that is my dilemma. What about my visions for pharmacy in Iraq?"

"So many questions. . . . But it would be difficult to go back and try to work for the profession at the moment, especially when people are being murdered on account of their last name. Imagine what I would face when it became known that I had come from the United States of America.

"If everyone thinks about children and childhood, there would not be wars," Dr Ali's e-mail concluded.

References

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. . . but in northern Iraq the future looks brighter

Iraqi pharmacists have reasons to be cheerful, according to **Kamaram Ghareeb**, whose recent visit to Iraq has left him feeling optimistic about the future

As an Iraqi I find media reports about my country's dire state of health depressing and disheartening. So I was pleasantly surprised when a family visit to Iraq in July gave me much to be optimistic about.

Landing at the newly built international airport at Hawler, capital of the northern Kurdish regional government (KRG), my first impression was that I had arrived on a big construction site. The city is home to about a million, mostly Kurdish-speaking people and wherever I looked buildings were going up.

When I left Iraq in 2004 there were only about 50 pharmacies. I had spent three years in the region. While there I established a community pharmacy, worked at the university and at the KRG health ministry.

When I returned with my wife and child in July, the number of community pharmacies had doubled to over 100 and spread beyond the city's medical areas, to sites where new medical centres are sprouting up. In areas where there were no pharmacies or doctors at the time of my last visit, there were now small communities of health workers.

The expansion of pharmacy was made possible by the establishment of two schools of pharmacy in the Kurdish region, one in Hawler and the other in the second major city of the Kurdish north, Sulaimaniyah. The Sulaimaniyah school of pharmacy is only a few years old.

The area is crying out for a larger network of pharmacies to supply its growing population of about five million in the Kurdish region. The major barrier to expansion is the shortage of qualified professionals. This means the government and the pharmaceutical society of Kurdistan have been unable to eradicate the sale of drugs by unregistered pharmacies, which have no qualified professionals.

There is now a unified pharmaceutical society covering the whole of the Kurdistan region, with headquarters in Hawler. I visited it on several occasions to get a better understanding of the state of medical and pharmaceutical services.

The president of the Kurdistan Pharmaceutical Society is Mizhda Xidr Mawlood and her deputy is Shammal



Mizhda Xidr Mawlood; supply of drugs has improved

Mahmood. They told me that the supply of drugs has improved since the removal of sanctions.

Nearly all drugs are available. Insulin had previously been difficult to obtain but is no longer. A close pharmacist friend who owned a wholesale pharmacy business was awarded a contract by Novartis. It agreed to provide logistical help and a walk-in refrigerator capable of holding 700 bulk boxes of insulin of differ-

ent formulations. Overall, the pharmacies have access to a diverse selection of drugs, many of them similar to those found in a UK community pharmacy. The main sources of drugs are India, China, Turkey, Iran, Syria and Jordan as well as Europe.

There are problems with counterfeit and poor quality drugs and the KRG is building a major quality control unit.

The task is challenging and it is envisaged that the unit will start operations in early 2008. Once functioning it should help to reassure the population that the drugs they are supplied with are of good quality. It will also help tackle the illegal sale of drugs by unqualified personnel, as the supply chain could be controlled better by such an agency.

Another significant advance is the establishment of the nucleus of a pharmaceutical industry. At the time of my visit a production facility was being built adjacent to the school of pharmacy. The idea behind this development came from expatriate Kurds returning home after working in the pharmaceutical industry in Europe. The factory is due to start production by early next year.

All these advances have been made possible by the changes brought about since the removal of Saddam Hussein. Great advances have been made in Iraqi Kurdistan and the possibilities for Iraq are endless, if only the fighting would stop.

Outside observers often think that Iraq's wealth comes solely from its oil, but its people are its greatest resource. They are hard-working and highly educated. More information is available at www.krg.org.

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