



How pharmacists and pharmaceutical scientists can influence access to medicines

This year's World Pharmacy Congress will help you improve health outcomes, says the International Pharmaceutical Federation (FIP)

This is the second in a series of four articles highlighting what the 2014 World Pharmacy Congress, "Access to medicines and pharmacists today, better outcomes tomorrow", has to offer.

Nelson Mandela's legacy included better access to health, not least the prevention and treatment of HIV and AIDS. His recent death shifted eyes once more to healthcare in South Africa. Much has improved but there is still much to be done, as is embodied by the story of the Phelophepa ("good, clean health") Train, which chugs its way through rural parts of the country, bringing access to healthcare professionals, spectacles and walking sticks and, of course, medicines. This year the train celebrates its 20th birthday, yet people are still travelling miles and waiting all night for it to pull in. Moreover, many have to be turned away and the train may not return for two years. Although the picture may be less stark elsewhere, access to health is still a pressing issue the world over. And it happens to Abe the theme of the World Pharmacy Congress, to be held in Bangkok, Thailand, from 31 August to 4 September. "We felt that in south-east Asia access to healthcare in general, and medicines in particular, is an issue, and [it] is also a universal theme important to the public," explains FIP programme committee member Phil Schneider.

Understand price and affordability

The congress programme comprises six streams, of which access to medicines is the first. Undoubtedly price and affordability are major factors and Professor Schneider points out the distinction: "Affordability depends on the resources available to pay. An item or service at one price may be affordable to one person or health service, but not another." One session of the stream is devoted to this topic and should be of interest to all pharmacists whether they practise in industry, hospital or the community, because, according to Professor Schneider, who is chairing the session, "there is plenty they can do to make medicines more accessible".

For example, he says, a patient comes to the community pharmacy with a prescription to treat reflux oesophagitis. The patient cannot afford the prescription medicine, but could afford less expensive non-prescription medicines. The pharmacist could contact the physician and suggest the less expensive treatment.

Another example he gives is that of a hospital pharmacist who is concerned about the high cost of antibiotics: "The

pharmacist works with the medical staff to determine which among different antibiotics can be used interchangeably. The pharmacist then asks for prices for each antibiotic with the understanding that only one will be used, based on the lowest price. Bids for each antibiotic are lower because of newly created competition. Antibiotic costs are reduced without depriving patients." Research and development, production and marketing costs are not the only factors influencing a drug's price — this can also be determined by the other treatments with which it competes, Professor Schneider explains. Those attending the session will hear many more examples of how pharmacists — not policy makers — can improve medicines affordability.

"The pharmaceutical industry has a goal of being profitable and returning value to shareholders, so that can compromise the fairness of pricing. Their products are not sold in a free market system and often have no competition. Pharmacists can add value by counterbalancing this profit-driven motivation with objective information that takes into account the limited resources available to provide healthcare," he continues.

"Pharmacists can also improve the affordability of healthcare by promoting the judicious use of medicines so that more expensive care is less necessary, quality of life improves, and injury resulting from the use of medicines is reduced," he adds.

Find out about drug discovery, innovation and regulation

Butthereis more to access than afford ability: it could be that a disease has no medicine, or that uptake of prescribing a new medicine is too slow. Geoff Tucker, chair of FIP's Board of Pharmaceutical Sciences, says the congress will also tackle questions such as: Is a particular medicine available in a particular country, either legitimately, having been approved for use as being safe and effective, or indirectly through commercial import with the attendant risks of substandard quality?; Does the healthcare system of a country ensure that the supply chain delivers a particular medicine to appropriate patients?; Does the patient have access to informed and understandable information on medicines?; And are systems in place to ensure the stability

of a medicine such that he or she receives the intended safe and effective dose? So participants can look forward to Jennifer Dressman, professor of pharmaceutical technology at Goethe University, Germany, talking about designing formulations that can be stored under a wide variety of conditions, as well as a presentation by Doug Fish, professor of pharmacy at the University of Colorado, US, on the challenges of unmet needs and the development of new antibiotics.

Look at shortages and solutions

Medicines shortages is an issue FIP has been working on, culminating in a global, multistakeholder summit in Toronto, Canada, in June 2013. A session on shortages will inform participants of the causes, contributing factors and impacts and, most importantly, of recommendations for how to reduce them and their impact. In another session participants can find out about global policies affecting medicine prices and responsible use. They will also learn about the List of Essential Medicines created by the World Health Organization to establish international pharmaceutical standards to improve access to medicines. Although initially applied in low- to middle-income countries, the concept has expanded to include patented and high-cost medicines. Speaker Mai Duong, of the University of Sydney, explains that the rising incidences of drug shortages, globalisation and increasing expenditure on high-cost drugs has put more pressures on high-income countries to reevaluate how decisions are made around medicine procurement. "Communication and collaboration are critical in the delivery of essential medicines. We aim to discuss the qualitative research conducted in the past year involving key international stakeholders in the drug supply chain to illustrate the convergent and divergent values of key decision makers. The study results illustrate the main gaps and challenges currently facing the complex global supply chain. We will discuss innovative solutions and potential methods to promote transparency and continuity," she says.

Grow social responsibility and best practice

The congress will be co-hosted by the Pharmaceutical Association of Thailand under Royal Patronage. That pharmacists are equipped to fulfil their social responsibility and achieve best practice is at the heart of the association's work, says its president Sindhchai Keokitichai. Attending the congress is a step in this direction, because it provides a forum for exchanging ideas and learning from colleagues all over the world, Dr Keokitichai believes.

Professor Schneider agrees: "The general sessions are intended for all pharmacists and pharmaceutical scientists, and will inspire them to appreciate the important role that they play in the overall healthcare system by improving access to care, and the medicines that are part of their care."

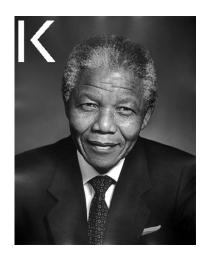
To quote Médicins sans Frontières, medicines should not be a luxury. Come to Bangkok to find out how you can make a difference.

The five other congress streams are: Access to pharmacists and pharmacy services; Access to information; Realising better outcomes tomorrow; Education, education,

education; and Special interests. For further details visit www.fip.org/bangkok2014.

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Photo gallery



Nelson Mandela

Credit: Photo by Festival Karsh Ottawa



Access to health through the Phelophepa Train

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