

Challenges to equitable access to medicines

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(Medical Xpress)—Access to medicines by vulnerable groups in the community, increasing medicine costs, and the demand for new medicines are some of the challenges identified in an independent study of priority medicine policy issues in New Zealand.

The study, led by Dr Zaheer-Ud-Din Babar from the University of Auckland's School of Pharmacy, also identified issues with access to prescribers, budgetary constraints, cultural and health literacy, patient medicine affordability and the evidence required for gaining subsidy for medicines.

These findings come from the first independent study to identify medicine policy issues in New Zealand. The study consulted 20 stakeholder groups from a broad range of healthcare and policy institutions.

"While overall there was reasonable satisfaction with the availability of subsidised medicines, there were some major challenges", says Dr Babar.

"In the context of PHARMAC's fixed budget for procuring and subsidising medicines, there was reasonable satisfaction with the range of medicines available—rare disorder medicines being the clear exception," he says. "There were concerns raised about the decision making process and whether desired health outcomes are being measured."

"Despite attempts to improve the situation, there are challenges of access to medicines for people in lower socio-economic groups, Māori and Pacific Island people and those with rare disorders," says Dr Babar.

Other barriers to access to medicines included convenience to and affordability of prescribers, and the increase of prescription fees from NZ\$3 to NZ\$5.

"The study shows that low socio-economic groups, (encompassing Māori and Pacifica people) were continuing to have access issues related to financial, structural, educational and cultural barriers," he says.

Concerns relating to PHARMAC included budget constraints, a lack of transparency of in-house analysis, and a lack of consistency in recommendations between the Pharmacology and Therapeutics Advisory Committees.

"Constraints and inefficiencies also exist in the submission process to access high-cost medicines," says Dr Babar.

The study identified many of the reservations held by healthcare groups about the Trans Pacific Partnership Agreement (TPPA) and its impact on Pharmac and the availability of high cost medicines.

"There was concern from stakeholders that already 'big amounts' are being spent on healthcare and the 'benefits are low' and if there was a resultant increase in the cost of medicines, where the resources would come from to offset any cost increases," he says.

"Very few participants were familiar with the TPPA," says Dr Babar.

"There was scepticism voiced about the driving force behind the agreement and what the benefits would be for NZ when the USA was a heavily subsidised protected market."

"Most participants considered that New Zealand's ability to access [generic medicines](#) or independence in procuring medicines should be upheld," says Dr Babar. "If not, funds may need to be redirected from other services, or patient co-payments would need to rise, to compensate a likely increase in the cost of medicines."

More information: The study is available online:
bmjopen.bmj.com/content/4/5/e004415.full

Provided by University of Auckland

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