

# The National Drug Policy 1996 – is it still relevant?

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It is twenty years since the National Drug Policy (NDP) for South Africa was published. It was full of promise and promises, with a goal that may appear at first glance to be simple – to ensure an adequate and reliable supply of safe, cost-effective drugs of acceptable quality to all citizens of South Africa and the rational use of drugs by prescribers, dispensers and consumers.

The statement may be simple, but clearly to attain this goal, it was necessary to examine every aspect of the medicine supply chain and to put in place mechanisms to ensure its effective and efficient implementation.

In the last issue of *SAPA*, the specific objectives of the NDP were listed in three categories – health objectives, economic objectives and national development objectives.

In the past 20 years, has there been any progress in meeting the objectives? It is not possible in this short article to give a complete analysis of whether or not these objectives have been met, but it is possible for each of us to examine our professional environment and to identify the measures that have been taken as well as areas that still need attention.

## The Essential Medicines Programme

This programme is surely one of our success stories. The Essential Medicines Programme was introduced in order to improve access to appropriate and necessary medicines, but it included a number of other components, such as rational medicine use and good dispensing and prescribing practices. The Standard Treatment Guidelines, which are evidence based, ensure rational medicine use, and the Good Pharmacy Practice Rules cover every aspect of the dispensing process to make sure that best practice is followed when dispensing medicines.

Obviously it is important to have the correct medicines, in the correct dosage forms, available at facilities that are easily accessible to patients. What has been done to improve the

supply of these medicines? Certainly there has been, and still is, a lot of attention to medicine stock outs and what can be done to minimise them. It has sometimes been out of our control – if there is a worldwide shortage of a medicine or its active ingredients, it is difficult if not impossible for us to ensure that the medicine is available. We can however ensure that our national and local systems are adequate to control and provide those medicines which are available.

In the public sector, measures have been introduced to provide alternative supply methods to patients who are well controlled on their chronic medicines. Instead of having to take a day's leave to sit at a clinic, many are now able to receive their repeat prescriptions at a local pharmacy or from a courier pharmacy. This also frees up the clinic staff so that more attention can be given to the needs of other patients.

How can we contribute to the final health objective, which is to promote the concept of individual responsibility for health, preventive care and informed decision making? We know that we need to stress this aspect in our daily interactions with patients, but once a year, we have an opportunity to send out a collective message. This opportunity is Pharmacy Week. If you examine all the themes we've had over the years, you will notice that there is one idea that runs through all of them – the fact that consumers are urged to ask questions about their medicines and their health. Only if they do that will they receive the information they need to make an informed decision about both their medicines and their life style choices.

## Economic objectives of the NDP

It is not surprising that this is a critical goal of the NDP. Affordability is an important aspect of accessibility, and the policy makers identified the high cost of medicines as a barrier to access. They further identified the complex pricing system, which resulted in different prices to different buyers, with various perverse incentives, as being a contributory factor to the high cost of medicines.

This led to the introduction of the Regulations Relating to a Transparent Pricing System for Medicines and Related Substances. These regulations address two major aspects of the price of medicine, i.e. the price at which it is sold by the manufacturer and the dispensing fee that is added by the

final seller to the consumer. The price at which it is sold by the manufacturer is known as the Single Exit Price (SEP). In the past, discounts were given for bulk purchases, so the less the pharmacist bought, the more it cost, and therefore the more it cost the consumer. Nowadays, every purchaser of medicine from the manufacturer must pay the same price, so that consumers are not disadvantaged by differential pricing.

The regulations took pricing a step further, and the maximum dispensing fee that pharmacists may charge is also regulated. This fee has been a source of dissatisfaction to community pharmacists since its inception, as many feel that it is too low to provide sufficient income to adequately cover the costs of running the pharmacy.

Although the economic objectives also included a mandate to establish a complementary partnership between government bodies and private providers in the pharmaceutical sector, this has largely not materialised when it comes to community pharmacies. It is hoped that the introduction of National Health Insurance (NHI), as a means of promoting universal access to medicines, will lead to more opportunities for a partnership between community pharmacies and the public sector.

## National development objectives

While there are still important objectives to be met, such as the development of the local pharmaceutical industry, there are areas identified as national development objectives that have received attention. In pharmacy, we see this in the development of the education and scope of practice of pharmaceutical personnel. Qualifications have been revised to improve the knowledge, efficiency and management skills of pharmacists, pharmacist's assistants and pharmacy technicians. Both the qualifications and the scopes of practice reflect the necessity for efficient and effective pharmaceutical service delivery.

## Where do we go from here?

Again, we ask the question – is the National Drug Policy still relevant? Are there still outstanding matters that require attention? Will the introduction of NHI change the focus to different needs? Should the NDP be reviewed and revised, taking into account the progress that has been made, as well as the new challenges that face us?

One thing is certain – if we are to meet the medicine needs of our communities, we need to be sensitive to all the changes and challenges that our communities face. So watch this space, and keep reading – it affects your life and your career.