

# WTO-WHO JOINT SECRETARIAT WORKSHOP ON DIFFERENTIAL PRICING AND FINANCING OF ESSENTIAL DRUGS

## A PHARMACY PROFESSIONAL PERSPECTIVE

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### COMMUNITY PHARMACIST

As a community pharmacist I am in direct contact with the end user of prescription and OTC medicines. My purpose is to provide a professional service and ensure accessibility of quality medicines at affordable prices whilst maintaining the viability of my business. This has proved impossible on many occasions. In Zimbabwe, as I am sure is the same in many developing countries, there are two distinct classes of society, the very rich and the very poor. The very rich do not see any reason why they can not have access to new high tech medicines that are available on the world market, whilst the very poor simply can not afford to be sick. Whether the country can afford to import these high tech medicines does not seem to be considered at all by those that have the money.

The Local pharmaceutical industry produces about 20% of the medicines required (all using imported raw materials), the rest are imported as finished products. Soon after independence, there was a preponderance of branded medicines with very few generic equivalents. Over the last few years, we have seen a lot of generic products being registered and these are now available on the market. Surprisingly, the branded products have maintained their pre-patent protection period price whilst the generic prices are significantly cheaper. I have prepared a few slides to highlight these differences although the examples are too numerous to enumerate during this work shop. As can be seen, the price of the branded product can be as much as 45% to 800% of the generic equivalent. To try and explain this difference in price to the end user can sometimes make the pharmacy profession lose credibility. The pharmacist is regarded with suspicion and is seen as a profiteering businessman. The credibility of the multinational pharmaceutical companies also becomes suspect. Clearly, it is the pharmacist role to educate the patient on the difference between a branded product and a generic product. The most asked question is "If it is the same, why is it so cheap?" Even if the patient is persuaded to try the cheaper generic almost invariably they develop unacceptable side effects. One can not help but wonder if these side effects are real or imagined.

There is no formal National Health Service in Zimbabwe. People in formal employment are covered by Medical Aid Societies (MAS) on a voluntary basis. The usual procedure, depending on the medical scheme chosen, is that the Medical Aid will reimburse a percentage (usually 100% for diabetic and cancer drugs) of the medicine costs incurred. However, there is a yearly limit above which nothing is paid. Due to the escalating costs of medicines, MAS are currently having discussions with all stake holders to try and contain the costs. The largest MAS is viewed as being dictatorial in that, it want to decide which generic shall be dispensed and they will pay for that only and no other brand. Others will only reimburse the cost of the cheapest generic and the patient pays the difference. This is causing alarm within the industry as MAS are threatening to open their own pharmacies. The industry views this as being unethical as the patient's freedom of choice of their health provider is being threatened. A suggestion for pharmacists charging a viable professional fee and no mark up on medicines has been made, but this will certainly keep most medicines out of reach of the very poor. The industry sees the high cost of drugs as being due to poor sourcing of drugs. The Medicines Control Authority Of Zimbabwe is trying to compile an international price data base of all medicines listed in the Essential Drugs List Of Zimbabwe - a mammoth task - unless WHO already has such a list?

Antiretrovirals are available in Zimbabwe and I have included a slide of the cost of these to the patient. Clearly this is totally out of reach to the majority of the population. The few that can afford them can not sustain the costs for long. This can only lead to drug resistance developing quickly as the sufferers take incorrect dosages to try and make the drugs last longer. This happens despite serious patient counselling. The only solution is to have these drugs available for free to AIDS/HIV sufferers otherwise we have a serious catastrophe on our hands