
PHARMACEUTICALS

82. Problems encountered by small countries concerning the procurement, storage, distribution and dispensing of medicinal drugs were discussed by the meeting. It was pointed out that in some countries there was little treatment with drugs outside hospitals, because of the high cost of imported drugs, and that where some drugs were available these were often used inappropriately. At present most of the information doctors received about drugs came from the companies which sold them. The cost of drugs was a formidable problem for small states and took up a high proportion of the health budget.

83. It was agreed that the issue of cost containment was paramount. It was considered necessary for governments to provide properly-informed people who should meet and advise those who ordered and prescribed the drugs. "Counter-propaganda" to withstand the advertising pressure from the drug companies was needed, and participants took the view that this should be built into the system, particularly through medical education and continuing medical education.

84. The need was recognised for the medical profession to take a more disciplined look at what drugs were suitable for what conditions, in the light of their cost. It was suggested that a limited list of drugs should be decided on, specifying generic rather than proprietary drugs whenever possible, and that only these drugs should be made available for use in the government health sector, except when special drugs were required for particular conditions. Ninety per cent of medical requirements could be met from a limited list of essential drugs, without health standards being adversely affected. Outside this range, only small stocks of the more specialised drugs were needed. Immunisation drugs were seen as the most cost-effective.

85. It was suggested that a handbook on practical therapeutics (rather than a pharmacopoeia) could be influential in this connection, and that the Commonwealth Secretariat might consider commissioning such a handbook. Attention was drawn to the work of Professor Sanjay Lal, who had played a leading part in setting up the system in Sri Lanka which had dramatically reduced drug costs.

86. Inter-governmental arrangements were seen to offer the best prospects for the local manufacture of some drugs by small countries. Where regional production was contemplated, it was best approached in stages: first a data bank and staff training; then a re-packaging and labelling facility; and finally, if found practicable, actual production.

87. Bulk purchase of drugs was seen to offer clear advantages in reducing costs; and developments for this purpose, including the UNICEF scheme, ECHO (the Joint Mission Hospital Equipment Board Ltd., in Britain), and a proposed WHO purchasing group, were mentioned. It was noted that possible arrangements on a regional basis for joint purchase by groups of countries had been repeatedly discussed but that progress had been slow. In some cases it had been retarded by the adverse influence of powerful commercial interest groups, about which participants expressed concern. Progress was seen to depend on the will of governments, and on the necessary financial and technical expertise. Larger countries had direct arrangements with suppliers and tended to be reluctant to join in purchase schemes with smaller states.

88. Not only drug purchase but also management, quality control, and training in storage and stock control were seen as activities suitable for regional cooperation, and the importance of the involvement of ministries of finance and industry was stressed. The desirability of enlisting the cooperation of pharmaceutical companies in efforts to overcome small countries' difficulties in relation to drug supplies was also underlined.

89. Difficulties in maintaining the cold chain for vaccines were mentioned, and it was recommended that everything possible should be done to stimulate research for the development of heat-stable vaccines, especially for measles.

90. The meeting welcomed developments in the Caribbean where a joint contracting scheme serving some of the smaller island countries was operating successfully, in West Africa where the West African Pharmaceutical Federation was now organically linked with the West African Health Community, in East, Central and Southern Africa where Health Ministers had recently decided to set up a regional committee on pharmaceuticals, and in the South Pacific where the South Pacific Bureau for Economic Cooperation (SPEC) had promoted discussion of joint purchase. The efforts of the Commonwealth Secretariat to encourage and support regional cooperation in this field were strongly commended, and all possible action through Commonwealth and regional meetings to keep attention focused on the problem was urged. An inter-regional exchange of information in this connection was recommended.

91. Another problem raised was that of serious health risks resulting from medicinal drugs being freely available on the open market, uncontrolled. This had been tackled in The Gambia by the formation of a committee which included representatives of the Ministry of Health, the medical profession, primary health workers and the vendors of medicines, with the purpose of deciding what kinds of drugs were suitable for sale on the open market. The meeting agreed that the problem was not confined to small countries and that strict measures of control were essential.

Conclusions

92. The meeting agreed on the following conclusions.

National

(a) Governments should consider providing suitably informed personnel to advise staff ordering and prescribing drugs. "Counter-propaganda" to withstand advertising pressure should be provided, particularly through medical education and continuing medical education.

(b) A limited list of drugs (generic, rather than proprietary, wherever possible) should be decided on and only these drugs should be made available for use in the government health service, except when special drugs are required for special conditions.

(c) More attention should be given to the management of drug supplies - to quality control, distribution, storage, stock control and the prevention of graft.

Regional

(d) Regional cooperation offers the best prospects for overcoming the difficulties of small states in relation to pharmaceuticals. Regional groups are urged to give increased and continuing attention to all aspects of the problem, including joint purchase, manufacture, quality control and training in storage and stock control. Information on developments should be exchanged between regions.

(e) Ministries of finance and industry should be involved in discussions of joint purchase and manufacturing, and it is also desirable to enlist the cooperation of pharmaceutical companies in efforts to overcome the difficulties of small countries.

(f) Where regional manufacture of drugs is in view, this is best approached gradually, by stages.

Commonwealth
Secretariat

(g) The Secretariat should continue to encourage and support regional cooperation to help small countries to overcome their difficulties in relation to pharmaceutical supplies.

(h) The Secretariat might consider commissioning a handbook on practical therapeutics to promote cost-effective use of medicinal drugs.