Dear Dr Bente Mikkelsen,

On behalf of International Pharmaceutical Federation (FIP), the global federation representing pharmacists and pharmaceutical scientists worldwide, I hereby send you the comments on WHO discussion paper on Essential medicines and basic health technologies for noncommunicable diseases.

Please find below responses to questions one to ten raised in the document.

**Question 1:**
Access to medicines needs to be connected to pharmaceutical expertise to ensure optimal adherence, safety and treatment outcomes for the patient. Furthermore, access to essential medicines and basic technologies for NCDs need to go hand-in-hand with enabling environment for responsible use of medicines, to support sustainable and cost-effective health care.

Lessons can be learned from examples such as HIV/AIDS programme. At the beginning the focus was solely on access to medicines, but later it became obvious that responsible use of medicines, with policies towards better and cost-effective healthcare, are necessary to make the programme effective and sustainable. Responsible use implies that access to medicines is aligned with the activities, capabilities and existing resources of health system in a way that ensures that patients receive the right medicines at the right time, use them appropriately, and benefit from them. This incorporates the importance of stakeholder responsibility and recognizes the challenge of finite resources. [Reference: Ministerial Summit: The benefits of responsible use of medicines. Setting policies for better and cost effective healthcare](http://www.fip.org/centennial/ministers-summit)

An example of a successful case study on improving access is “Farmacia Popular” programme run under Ministry of Health in Brazil. It is part of plan “Brazil Without Poverty” and campaign "Health Has No Price" ("Saúde Não Tem Preço") created in 2011, that aims at raising population welfare and breaking social, political, economic and cultural barriers. Via “Farmacia Popular” programme, the Ministry of Health in collaboration with selected pharmacists enabled access to treatment for population groups that are unable to afford their treatment due to the high price of medicines. Medicines distributed via pharmacies involved in “Farmacia Popular” programme are dispensed for free – such as medicines for hypertension, diabetes, and asthma; or for low prices covering costs only. These include up to 90% cheaper prices for medicines for the treatment of dyslipidemia, Parkinson's disease, osteoporosis, glaucoma, rhinitis, contraceptives and adult diapers for incontinence. [Reference: Campaign “Saúde Não Tem Preço”](http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/leia-mais-o-ministerio/347-sctie-raiz/daf-raiz/farmacia-popular/l2-farmacia-popular/9680-saude-nao-tem-preco)

This is a good example of how access to medicines can be improved towards universal health coverage principles in developing country.

**Question 2:**
**Bottleneck 1:** Medicine shortage is a bottleneck limiting access to essential medicines and basic technologies for NCDs. Medicine shortages are worsening with time, creating difficulties for patients and healthcare professionals, and compromising patient safety. Such shortages have also serious implications in terms of additional costs and staff workloads, possibly as much as hundreds of millions of dollars in
expenses every year. The causes of these shortages are several and multidimensional in the context of a complex global supply chain. As a result, they are bottleneck that creates a significant barrier to access to essential medicines and basic technologies for NCDs. With the progress made towards Universal Health Coverage, the demand of medicines will growth. There are some evidence that this manufacturing capacity may not grow as quickly as the demand, resulting in increased frequency of medicines shortages.

Solutions to the global issue of medicine shortages needs to happen through a multi-stakeholder approach involving representatives from governments, healthcare practitioners and professional bodies, industry, and patients. First such discussions on international level involving all stakeholders mentioned happened in 2011 and six recommendations were formulated in the FIP Report on the outcomes of International Summit on Medicines Shortage. It is available here: http://www.fip.org/files/fip/publications/FIP_Summit_on_Medicines_Shortage.pdf

**Bottleneck 2:**
Furthermore, medicine shortages facilitate infiltration of counterfeit medicines. Counterfeit medicines are equally, or more dangerous than poor quality medicines, that have been identified in this report as bottlenecks. While investments in NCDs medicines will increase, a specific attention should be given to ensuring that such investment is made in quality-assured medicines and not in counterfeit medicines. A reliable supply chain with qualified healthcare professionals is therefore required; pharmacists play and will play a crucial role.

**Bottleneck 3:** Another important bottleneck is shortage of competent healthcare professionals. Access to medicines needs to be connected to access to pharmaceutical expertise. Distributing medicines without proper counselling and adherence follow-up is a bottleneck limiting access to optimal treatment outcomes. Similarly to shortage of healthcare professionals, their optimal geographical distribution is needed. As shown in FIP Pharmacy workforce report [Available here: http://www.fip.org/static/fipeducation/2012/FIP-Workforce-Report-2012/m/index.html#/page/1%2020], there is a disproportion of access in remote areas compared to urban areas in many countries. In some countries a solution has been offered for example by compensating pharmacies that operate in rural/distant areas with incentives that enable their existence and provision of services for local communities.

Not only the issue is the insufficient number of healthcare professionals, but another challenge is the skills they have acquired through education; often they are not matching the current functions aiming at responding to the most urgent needs of its population. To tackle this issue, FIP, through its Education Initiative, is investing 2 million USD over 5 years, in order to support the reform of the education of pharmacists, so that they are sufficient in number and have appropriate skills to respond to the current and future needs of healthcare population [FIP Education Initiative – FIPEd, more information here: http://www.fip.org/pharmacy_education].

**Question 3:**
A good way of multistakeholder collaboration, that was proven to be effective in combating long-term treatments, is DOTS (directly observed treatment – short course) programme in tuberculosis (TB)
treatment. In India and Philippines, pharmacists are collaborating with other healthcare professionals and centres in detection, referral, education, and adherence monitoring strategies for TB treatment. [Read more: http://www.fip.nl/files/fip/news/DOTS_TB_projectIndia.pdf] Multistakeholder approach brings synergy to the efforts, and similar models as DOTS can be used for NCDs where applicable.

In order to bring and implement new ideas on country capacity to improve access to medicines and other health technologies, governments should involve all stakeholders and of course healthcare professional associations to participate at these multistakeholder dialogues. FIP will be delighted to facilitate this dialogue at national level, and share its expertise at global level.

Another approach could be to promote the economic value and impact of the different interventions (and investments) in NCDs medicines, to empower ministers of health in their dialogue with their counterparts from the Ministry of finance. This could be through a proper business case example.

Question 4:
Country pharmaceutical profile assessment tools are one of the existing tools that could be used for NCDs bottleneck assessment.

Similarly, reports on country medicine shortage situation could be used to measure this specific NCDs bottleneck. Some countries have such data already available and monitor them regularly. The other countries should investigate the potential to establish a national body charged with gathering and sharing information about demand for and supply of medicines within their jurisdiction. Further to that, the mid-to long-term aim should be to aggregate this information at the international level. This was also part of the recommendations coming from FIP 2011 Report on Summit on Medicine Shortage [Available here: http://www.fip.org/files/fip/publications/FIP_Summit_on_Medicines_Shortage.pdf]

Question 5:
Guidelines with generic training materials, technical assistance to countries and regions to adapt such materials into own contexts, provision of training of trainers (TOT), and post-training evaluation and monitoring are useful tools that can support healthcare professionals in NCDs management. They should include practical tools like algorithms and decision trees, or online / mobile tools.

Good example of such guidelines are WHO existing tools for palliative care to be easily adopted by pharmacists in different environments. [Available here: http://whqlibdoc.who.int/publications/2012/9789241548120_Pharmacists_Brochure.pdf] The implementation can be strengthened via dialogue and collaboration with associations representing healthcare professionals, academia, and patients in order to facilitate the information flow and possible inclusion of such considerations into curriculum of healthcare professionals education.

Patient adherence is crucial to the success of the intervention. Education and optimal health literacy is needed for active participation of patient at his/her treatment as this has been proven to increase patient adherence. Pharmacists can improve adherence via sufficient health, disease and medicine specific information to patients for their participation in their decision-making process regarding a comprehensive care management plan. This information should aim at supporting adherence to treatment and empowerment of the patient. Trust of the patient in the healthcare system and the treatment outcomes are also important factors that should not be underestimated.
Question 6:
Transparent financing of health care is crucial for health system strengthening, and therefore knowledge sharing of transparent information on procurement should be acceptable and accessible to all.

Question 7:
The emphasis should be on the use of current tools.
It is also important to collect such data on global level in order to develop global forecast of demands as a stimulus for increased production capacity.

Question 8:
Member States can ensure the availability of safe, effective and quality-assured medicines and other health technologies for NCDs through pharmacists and pharmacy workforce as highlighted in the bottleneck 3.
Pharmacists are specifically educated and trained health professionals who are charged by their national or other appropriate (e.g. state or provincial) authorities with the management of the distribution of medicines to consumers and to engage in appropriate efforts to assure their safe and efficacious use. There is also increasing recognition that providing consumers with medicines alone is not sufficient to achieve the treatment goals. To address these medication-related needs, pharmacists are accepting greater responsibility for the outcomes of medicines use and are evolving their practices to provide patients with enhanced medicines-use services. As health-care professionals, pharmacists play an important role in improving access to health care and in closing the gap between the potential benefit of medicines and the actual value realized and should be part of any comprehensive health system. In addition, the increasingly complex and diverse nature of pharmacists’ roles in the health-care system and public health demands a continuous maintenance of the competence of pharmacists as health-care professionals who have up-to-date skills and expertise. [Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services. WHO Technical Report Series, No. 961, 2011. Geneva: World Health Organization, 2011. Available here: http://www.fip.org/good_pharmacy_practice]
Therefore pharmacists and their associations should be involved in dialogues on ensuring safe, effective and quality-assured medicines for NCDs.
In order to support its national pharmacists association in their roles in tackling NCDs, FIP has produced a series of briefing documents [available upon request to FIP office] on pharmacists contribution in selected NCDs. One of it is devoted to diabetes and provides an overview of pharmacists-led activities for diabetes prevention, management, and care. It aims to stimulate similar activities, public health campaigns or public health services for specific NCDs and create a platform for dialogue with other stakeholders.

Question 9:
A good way to increase awareness is via engagement of all stakeholders and sharing of best practices, and based on them implementation of specific measures and actions. FIP has chosen NCDs as one of its focus areas for 2016-2017 through the development of a reference paper on NCDs that comprehensively
describes the contribution of pharmacists in this field. FIP would be pleased to associate WHO in this work, and to share this document once finalised.

**Question 10:**

One of untapped potential of bridging the gaps in research is to engage with academia. One practical example are graduating pharmacists, who in many countries have to perform a scientific research for their graduation thesis. If topics of relevance could be suggested to universities, this graduation thesis could serve as a wonderful opportunity to gain more data on specific aspects of NCDs. At the same time, such opportunities may stimulate young talents to join scientific career path and contribute to R&D workforce.

Best regards
Zuzana Kusynová