“For the strength of the pack is the wolf, and the strength of wolf is the pack”

Rudyard Kipling

Sarel Malan, President: PSSA

Sitting quietly in a corner amongst a room full of pharmacists, how often do we hear “Pharmacy has been thrown to the wolves” or something to that effect – doctors and even nurses are allowed to dispense medicine; pharmacy ownership has been opened up to non-pharmacists; then a single exit price and pricing regulations for medicine is published and enforced, making it impossible for private pharmacies to survive; and now Universal Access to Healthcare, to be attained through National Health Insurance, is legislated to come into effect and is perceived to largely exclude pharmacy, especially the small independent retail pharmacy. Depending on the generation or general involvement of the group, this is usually followed by “How could the Pharmacy Council / Pharmaceutical Society allow it?”

For me the question is rather – What are we, each one of us, doing about it? And to make the right decisions about the way forward – How did we end up being thrown to the wolves?

Was it a situation where pharmacy was just left behind, the weakest of the herd being left for the wolves? Or was pharmacy sacrificed in order for the other health professions to move forward unscathed? Was it maybe a bit of both? Selling medicines used to be a lucrative business so why would other health professionals not want a piece of the pie?

Internationally, big pharma are still extremely successful and viable as businesses and shareholding opportunities – any clever businessman would see the opportunity in being included in the supply chain of medicine.

Being in an under resourced country with major imbalances, would it not make sense to regulate the price of medicine if it were one of the cost drivers for health care? That being done, where does it leave the other and bigger cost drivers, or was pharmacy sacrificed so that the rest could continue as previously in the private health care industry? The regulation of medicine prices and dispensing fees at least led to dispensing losing its appeal as an easy way to make money for dispensing doctors.

Pharmacy however did not lose appeal as a loss leader in bigger environments as the inability of government to apply regulations regarding perverse incentives, which were to go with pricing regulation, created an unfair business advantage for major buying groups and suppliers.

The price of medicine was brought down yes, but the problem still persists in that large areas of South Africa and many of our people still do not receive pharmaceutical services. Opening up of ownership has not solved this problem and in many cases has exacerbated it, with pharmacies in small towns and urban areas closing down because of non-transparent and unfair medical scheme contracting and DSP allocations making financial survival impossible. This even though application of the pricing regulation and fees for primary health care and screening services should have made it viable.

Now NHI is on the horizon and worrying about dispensing fees will probably soon be something of the past. Where and how will pharmacy feature in providing universal access to health? Do we have pharmacies in the places where it is most needed and can we deliver pharmaceutical services where Department of Health (DoH) can’t do it with its current infrastructure? Once we have proven that we can add value where it is most needed, we should develop and provide the model for the delivery of pharmaceutical and primary health care services. Only then can we negotiate fair and transparent remuneration from a rightful position of strength.

There is no way in which DoH or groupings in DoH have all the answers or the monopoly on the only model that could or would be allowed to work. There are always different views and different solutions to a problem; we have to provide the inclusive solution, a solution where we don’t only replace medical scheme DSPs with DoH DSPs, a model where pharmaceutical services can be delivered effectively in the currently underserved areas, a model not only focussed on access but also on adherence. If we don’t do this and decide our own future, it will be decided for us.

At the closing of our conference, I suggested that we might have been thinking so much about sinking for so long, that we forgot to swim. Hopefully the discussions at this forum got us thinking about swimming again, or at least pointed to where or what the life jacket is.

So, in conclusion, yes our profession may have been thrown to the wolves, but by coming together as pharmacists from all sectors and spheres, we will come back as leader of the pack – the key to, and leaders in, healthcare to all the people of South Africa.