

Strengthening PHC through a stronger emphasis on patient and community centered medicines and pharmaceutical services

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INTRODUCTION

Equitable access to safe, effective, quality-assured, and affordable essential medicines and vaccines for all has been defined as one of the UN Sustainable Development Goals. Since the Declaration of Alma Ata, the understanding about medicines and vaccines within PHC-oriented health systems has expanded, with medicines/vaccines not simply being regarded as commodities or infrastructure but being seen and accepted as community-centred pharmaceutical care offering futureproofing services.

GOAL

To describe and suggest innovative PHC-oriented policies to improve access to medicines and pharmaceutical services.

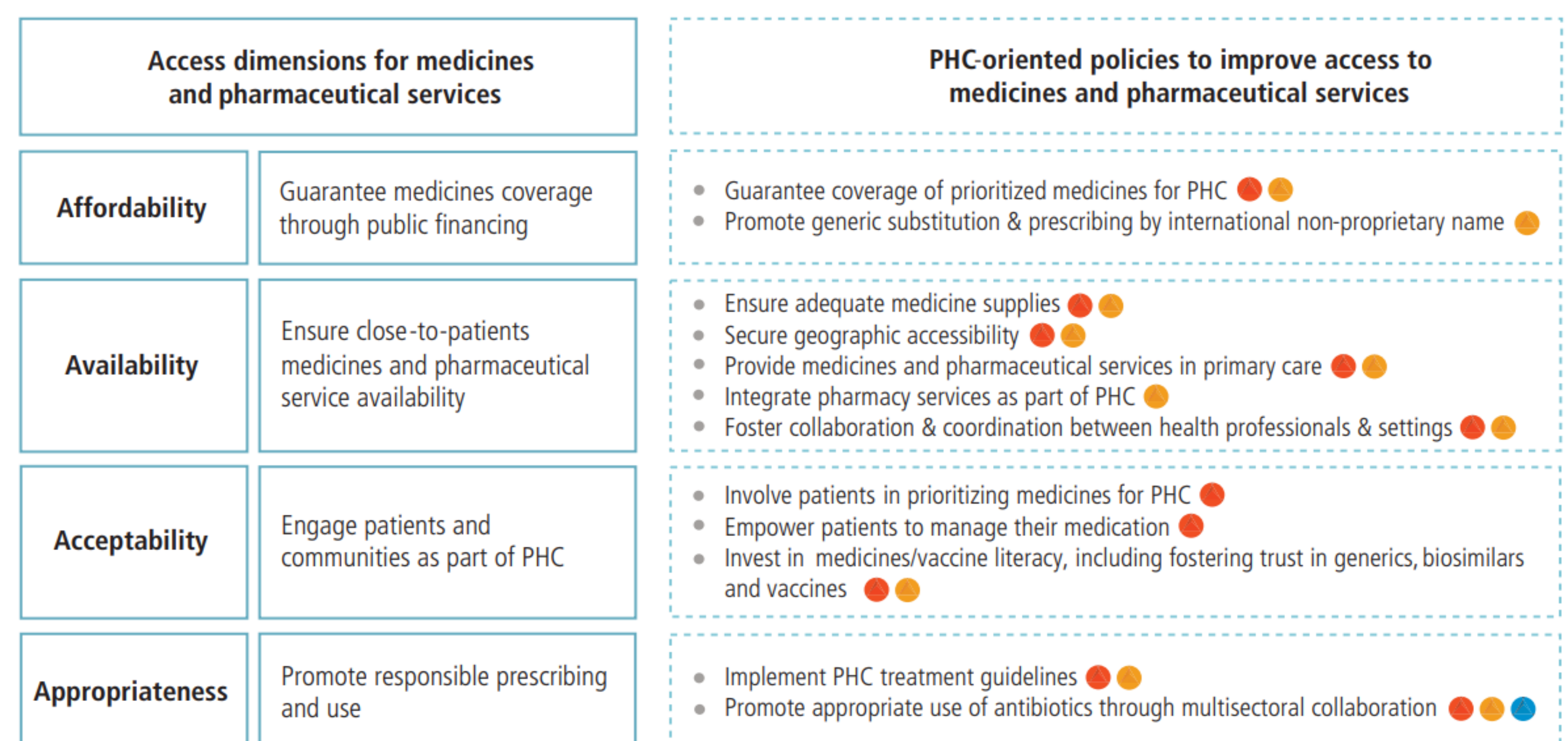
METHODOLOGY

The research is based on a pragmatic scoping review (performed in Q12023) of published peer-reviewed and grey literature on access and affordability to medicine in PHC-oriented systems. Results from literature were firstly categorized into challenges of access to medicines and pharmaceutical services using the Levesque et al.'s (1) adapted framework of access dimensions, including affordability, availability, acceptability, appropriateness and approachability (awareness).

Secondly, innovative PHC-oriented policy solutions were collected and then described per access dimension including practical examples from different countries around the world. Finally, four best practice country examples were identified to describe in more detail different PHC-oriented policy solutions.

Finally, the research represents global findings with four case study examples from Brazil, Thailand, England and India.

RESULTS



Colour coding indicating the links between the interventions and the three components of PHC

- Empowered people and communities (also includes defining patients' needs and community linkage and engagement)
- Primary care & essential public health functions at the core of integrated health services
- Multisectoral policies and actions

Source: (2)

Ensuring public coverage of essential medicines for PHC is key to protect individuals and households from financial hardship and guaranteeing access to needed medicines.

Demand-side measures such as generic substitution and prescribing by international non-proprietary name are additional key steps to promote affordability and appropriate use.

Patient involvement in prioritizing medicines and empowering communities to enhance medication management is a necessary but often neglected core element of a PHC-oriented health system.

Policy interventions which help improve medicine literacy can foster trust in generics, biosimilars and vaccines, and this is a prerequisite for their adequate use.

Bringing medicines closer to patients and collaboration between health professionals and across sectors supports the concept of PHC for medicines and pharmaceutical services. Finally, multi-sectorial collaboration such as health and educational sector are needed but underutilized.

CONCLUSION

A PHC-oriented system requires a shift from viewing medicines as commodities and supply-side focused policies towards demand side-oriented policies with emphasis on multi-sectoral collaboration and community engagement to build trust. The pathways to progress towards effective PHC should be accompanied by monitoring and evaluation. The findings from this review on different access dimensions of medicines and pharmaceutical services illustrate that without appropriate evaluation it is not possible to know whether the policies and programs achieve their desired objectives and how to mitigate unintended consequences. Evaluation strategies should be built in the PHC implementation from the very beginning, including the development of key indicators and data required to measure them.

FUNDING SOURCE

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