



## The contribution of pharmacists in managing the disease burden in South Africa: a SAAHIP at SAPHEX report

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### Introduction

The Pharmacy Show 2024 hosted at the Sandton Convention Centre from 13 to 14 March 2024 brought thousands of “industries most influential speakers” spread through parallel conferences taking place amidst 200 hundred exhibitors.<sup>1</sup> The South African Association of Hospital and Institutional Pharmacists (SAAHIP), hosted a three-part Hospital Pharmacy Show covering the following practice areas: human resources for pharmacy; multidisciplinary collaboration and wound care. Sessions were designed with the background that pharmacists are the most accessible healthcare professionals to the public.

This article provides insight highlights from the three sessions as well as one other panel conversation on Health Technology Assessment.

### Human resources for pharmacy

This session was chaired by SAAHIP President, Nhlanhla G Mafarafara featuring Andy Gray, senior lecturer at the University of KwaZulu-Natal, as the invited guest speaker. A comprehensive, safe, and effective pharmaceutical service and delivery of effective universal health

coverage requires adequate numbers of appropriately trained and motivated pharmaceutical personnel, across a range of professional and support categories. South Africa has an absolute lack of human resources for health, exacerbated by unequal distribution between public and private sectors and between urban and rural settings.<sup>2</sup>

### The objectives of this session were:

- To review the currently available data on the number and distribution of pharmaceutical personnel in South Africa.
- To relate the available data to those from the international community.
- To explain how human resources for health affect the ability to deliver effective universal health coverage, using the UHC Service Delivery Index.
- To explore the health systems challenges facing South Africa as it relates to human resources.

There are just over 16 856 pharmacists registered with the South African Pharmacy Council, 36% of which is in the Gauteng Province.<sup>3</sup>

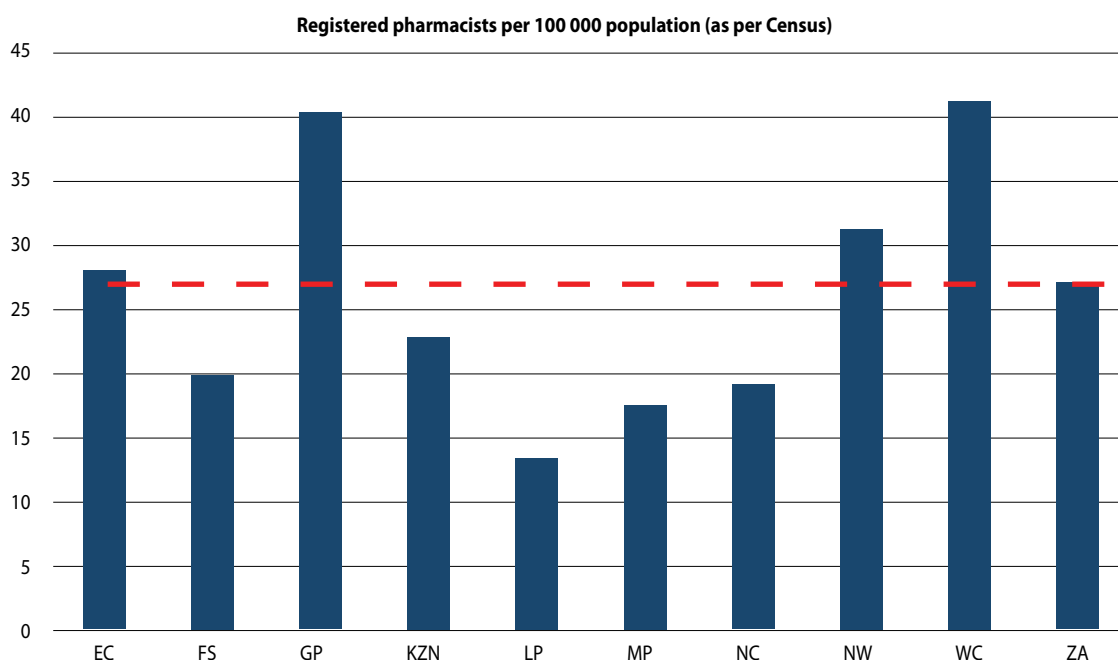


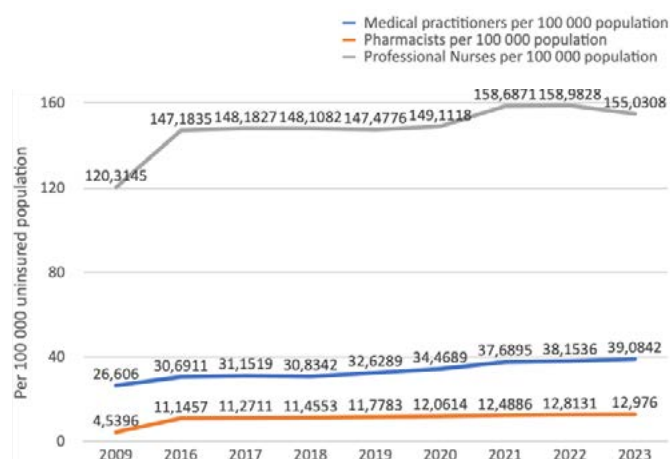
Figure 1: Registered pharmacists per 100 000 population<sup>6</sup>

All Western Cape districts are above average, and all KwaZulu-Natal districts are below average of pharmacist per 100 000 population. The national average is 31/100 000 (Figure 1). There is also missing data on the number of pharmacists who are practising or have retained their registration as practising but have already emigrated elsewhere. Furthermore, since the introduction of occupation specific dispensation (OSD)<sup>4</sup> in 2009, pharmacists experienced the highest growth of 186%, while professional nurses recorded the lowest growth at 29% (Figure 2). Despite this sharp increase, the NDoH's 2030 Human Resources for Health Strategy (2020) suggests that "serious PHC shortages for healthcare personnel, including pharmacists and pharmacy assistants, will worsen by 2025 if nothing is done".<sup>5</sup>

We cannot build an equitable health system and not engage the full range of the pharmacy workforce. South Africa needs to join the global commitment to workforce transformation and that there is "no health without a pharmacy workforce" and close the widespread human resource inequalities if universal health coverage goals are to be realised.

#### Other opinions raised during the debate

- Most patients in public sector primary healthcare facilities are not getting pharmaceutical services, they receive medicines.
- There is a need to close the patient safety and rational medicines use gap.
- Professional organisations need to increase their advocacy for human resource for pharmacy.
- Service delivery models for NHI need to be redefined to suit the broader pharmacy environment.
- There should be routes of entry and practice that are not based on all-or-nothing model in the envisaged pharmacy specialisation environment.
- Shortage of pharmacy workforce and increased pharmacy workload could/are a threat to adequate pharmaceutical service.



**Figure 2:** Ratio of professional nurses, pharmacists, and medical practitioners per 100 000 uninsured population, March 2009–March 2023  
Source: PERSAL. Published in District Health Barometer, 2022/23<sup>iii</sup>

## Multidisciplinary collaboration

A multidisciplinary team (MDT) involves a range of health professionals working together to deliver comprehensive patient care. The MDT offers benefits such as improved health outcomes, patient satisfaction, efficient use of resources and enhanced job satisfaction.<sup>7</sup>

In this session, chaired by Rofhiwa Mulibana, a Senior Pharmaceutical Services Technical Specialist at Right to Care, featuring two invited guests looked at two learning outcomes:

- How healthcare professionals from a range of disciplines can work together to deliver comprehensive care that addresses as many of the patient's needs as possible.
- How healthcare professionals can collaborate with Traditional Health Practitioners for better health outcomes.

## The growing use of traditional/herbal medicines – what pharmacists need to be cognisant of

This presentation was delivered by Mamolefe Selokela, who is the African Traditional Medicines (ATM) Program Manager for Mpumalanga Province Department of Health. Pharmacists need to have a better understanding of herbal and traditional medicines, which were referred to as health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques, and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain a person's well-being.<sup>8</sup>

In the process of rethinking about the potential contribution of ATM and traditional health practitioners (THP) to healthcare coverage, health policies should be geared towards collaboration between or integration of Western and African traditional medicines.

### Challenges related to ATM and THP

- Policy and Regulations: there is limited enforcement of regulations for THPs in some countries.
- Limited collaboration between THP and conventional medicines.
- Literacy of THPs: the majority of THPs did not receive formal education which hinders their integration in mainstream health in line with the 2018 Astana Declaration.<sup>9</sup>
- Inexplicable practices: the scientific basis of how spiritual THPs practice is inexplicable according to current scientific knowledge.
- Intellectual property rights: the lack of internationally agreed framework and national guideline on the protection of intellectual property versus the THP's protection of their therapeutic knowledge.

The NDoH, guided by the World Health Organization has made recommendations to include traditional medicines in the national health system, regulate ATM practice, develop a national pharmacopoeia of ATM, establish an appropriate journal on ATM to deal with issues and trends on ATM, establish an Inter-ministerial Committee on ATM, developing and institutionalising ATM, develop protocols and guidelines for communication on ATM to all sectors, and sensitisation of the society on ATM through campaigns for recognition and legitimacy of ATM.<sup>10,11,12</sup>

## The pharmacist as the custodian of OTC codeine: ensuring safe and responsible use

Delivered by Rubina Shaikh, a lecturer in the Division of Pharmacy Practice, Department of Pharmacy and Pharmacology at the University of Witwatersrand. The role of pharmacists as the custodian of medicines is referenced in the Good Pharmacy Practice Guidelines (GPP) and defined in the Scope of Practice of a pharmacist within these Guidelines.<sup>13</sup> The medicine related needs that can arise with codeine use were highlighted as well as the regulatory landscape, accessibility of codeine-containing products and the implications for patient safety. Pharmacists can improve communication strategies, develop their clinical knowledge of codeine misuse, familiarise themselves with the latest trends in recreational use and implement pharmacovigilance monitoring systems to address codeine misuse.

Other strategies and innovations include policy reforms, use of technology, educational and drug monitoring programmes. A major challenge facing policy makers is how to ensure the availability of codeine-containing products for those with legitimate therapeutic need whilst reducing the consumers' risk of misuse and dependence. Therefore, it is of utmost importance that intervention strategies and policies are implemented to ensure patients are provided with equal balance of access to these medicines and protection.

Pharmacists are required to work in a multidisciplinary team more often and their role in a multidisciplinary team is to optimise patient and rational use of medicines. Integration of pharmacists into MDTs has been shown to have a positive effect in several clinical, pharmaceutical, and financial indicators.<sup>14</sup>

### Pharmacists in wound care

Wound care took centre stage in the conclusion to the SAPHEX SAAHIP session. The final session was chaired by Dr Seshnee Moodley (SAAHIP Vice-President) and included two very knowledgeable speakers, Dr Sybil Seoka and Sister Angela Gordon-Davies. The session speakers focused on the pharmacists' involvement in wound care, they also highlighted that working in MDTs is vital, and necessary referrals is often the key to optimising wound care healing especially if patients are suffering from chronic wounds. Pharmacists play a vital part in the patient care chain in both community pharmacy setting or for ambulatory patients in a hospital setting.

The pharmacist needs to be more aware of wound dressings and antibiotic therapy when advising therapy to patients. Some dressings also contain active pharmaceutical ingredients. These dressings must be monitored appropriately and there should be constant and continuous quality checks done on them. However, often this is not adhered to and leads to an increase in expenditure.

#### Other areas to be looked at include:

- Storage of the wound dressings
- Efficient procurement
- Prudent procurement (waste avoidance)
- Pharmacists' clinical involvement

## The NHI Health Technology Assessment

In an addition to this, Andy Gray chaired a session on Health Technology Assessment. This was a moderated panel discussion with three pharmaceutical policy specialists from the Essential Drug Programme (EDP) in the Affordable Medicines Directorate (AMD), NDoH (NDoH): Dr Janine Jugathpal, Ms Maropeng Rapetsoa and Dr Jane Riddin. The aim was to enable attendees to gain new insights into the planned application of health technology assessment (HTA) processes in the selection of medicines, supporting decision-making for essential medicines in a resource-constrained fiscal environment.

Currently, the NDoH (EDP) co-ordinates the development of the national Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) through the ministerially appointed National Essential Medicines List Committee (NEMLC) and Expert Review Committees (ERCs). The EML is an explicit list of medicines that should be available in the public health system. STGs provide guidance to healthcare professionals on the rational use of medicines. Over the past two decades, South Africa has incrementally increased the use of HTA processes in selecting essential medicines in the public health sector. The selection of essential medicines and the development of STGs is based on an assessment of evidence for efficacy, safety, cost-effectiveness, and affordability, generally compared to the current standard of care. HTA has been defined locally as the use of "scientific evidence, interpreted through the lens of social and scientific value judgements, to inform an accountable approach to making health technology access and resource allocation decisions".<sup>15</sup> South Africa is expected to rely on HTA in the design and operation of National Health Insurance (NHI), as it seeks to deliver universal health coverage. Although HTA has been explicitly mentioned in the NHI Bill, the specific arrangements, and structures to be created are yet not identified. There is at present no formal national HTA institution in South Africa.

The panel discussion covered the current NEMLC processes for medicines selection, including the use of an explicit evidence-to-decision (EtD) framework, the lessons learned during the COVID-19 pandemic, and the current plans to formalise HTA within the NHI structures. The panel also identified areas of concern, where detailed planning has yet to be conducted, including the provisions for the pricing of medicines to be procured or reimbursed under NHI, the future of the state tender system, as well as the potential implications for the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme.

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