Dr Suzanne Hill, chair of the Pharmaceutical Benefits Advisory Committee (PBAC) here in Australia, and representing the Minister Professor Andrew McLachlan, chair of the Australian National Medicine Policies, Excellencies, distinguished delegates, ladies and gentlemen,

Good afternoon!

I thank the Australian Department of Health and Ageing, the University of Newcastle and the National Prescribing Service for organizing this Asia Pacific Conference on National Medicines Policies. The World Health Organization’s South-East Asia and Western Pacific regions are proud to be part of organizing this timely event in the beautiful city of Sydney, the harbour city of Australia.

The ultimate goal of a national medicines policy is to increase access to medicines. This fundamental principle guided development of national medicines policies over the last three decades and also brings us together here to look at progress since the first National Medicines Policies Conference held in Sydney, in 1995.

The world has changed since 1995, but access to medicines remains a critical challenge.

Recent years have seen a remarkable attention and focus on moving towards universal health coverage by many countries. WHO Director-General Dr Margaret Chan told the World Health Assembly in her acceptance speech this week: “Universal coverage is the hallmark of government’s commitment, its duty to take care of all its citizens.

National Medicines Policies are a critical help to move us closer to universal coverage. They help to ensure equitable access to medicines, and provide protection against the harmful impact of out-of-pocket payments for medicines.

Hence, this second conference on National Medicines Policies now shines the spotlight on the implementation of National Medicines Policies.

Over the past two decades, many countries have moved in a remarkable way to adopt the essential medicine concept, develop and implement comprehensive medicines policies.

Despite the progress, we are still facing the reality that millions of people in the Asia Pacific suffer from diseases and early death because they still do not have access to effective, safe and good quality essential medicines.

This is unacceptable and can be prevented.
This conference will examine the current critical priorities for National Medicines Policies, the enablers and barriers to their implementation and the use of monitoring and evaluation frameworks to measure progress, amongst other objectives. It will be an outstanding forum for countries in the Asia Pacific to share experiences and evaluate the progress achieved since 1995.

This is particularly significant in face of the biggest health challenge globally and certainly in Asia – noncommunicable diseases, or NCDs. These diseases already account for 80% of deaths in WHO's Western Pacific Region. But also result in millions of premature deaths, untold suffering and disability. This can be either preventable, treatable or the suffering can be relieved with low-cost, effective essential medicines.

While in some countries we have still challenges in the availability of such medicines, one of the main concerns is that even when these medicines are available that many people cannot afford to pay for these medicines. As with communicable diseases, the poor bear the heaviest economic burden from the epidemic of noncommunicable diseases.

Please allow me to draw attention to patients living and dying with cancer. They have the fundamental right to do so with dignity. Sadly, in much of this region, especially in many of the low- and middle-income countries, there is limited access to opioids to relieve cancer pain, taking away the chance for millions of dying in peace and dignity. For this reason, I was happy to see that you put this critical topic on your agenda.

Returning on the issue of the cost of medicines – on one hand many individuals cannot afford to pay for medicines; on the other hand it is important to take into account that a lot of money is wasted in the area of medicines. The 2010 World Health Report on universal coverage found that 5 out of the 10 leading sources of inefficiencies are related to medicines.

Irrational and economically inefficient use of medicines by providers and consumers is widespread, jeopardizing the quality of care and wasting the limited resources for health. In many settings, the sale of medicines is often used as an inappropriate means for revenue generation and as a source for incentives for providers.

Even under the growing health insurance schemes, perverse incentives for prescribers continue to exist and often lead to more irrational use and escalating costs.

National medicines policies should aim at reducing these inefficiencies, such as the underutilization of low-cost generics, high prices, substandard and counterfeit medicines, irrational use and pay particular attention to the way medicines are financed and reimbursed.

This point now also brings me to the issue of quality.

Protecting the general public from the distribution of unsafe, substandard and fake products in our markets is the main responsibility of national regulatory agencies. Ensuring the
quality and safety of medicines has become a complex task, and not even the richest countries can do this by themselves alone, anymore.

Collaborating to build strong national regulatory authorities and strong international regulatory networks will be key to ensure access to quality medicines and protect the public from growing dangers of poorly manufactured, illegally distributed and potentially harmful products.

One of the impacts of poor-quality medicines is the emergence of antimicrobial resistance, as exemplified by the growing threat of artemisinin-resistant malaria, multidrug-resistant tuberculosis and health-care associated infections. These are a serious public health risks to all nations as we are not only losing effective therapies, but also not having sufficient innovation to bring in new medicines.

Before closing I would like to highlight the importance of monitoring the progress of the implementation of national medicines policies and to define measurable indicators and realistic targets. After all, we know that what is measured gets done.

We need to know whether policies are delivering the desired outcomes and having the desired impacts. We need to learn from our mistakes as well as know where we are succeeding. I hope you are all ready to share your successes as well as your failures.

Only when we measure the progress and share our findings we will know where we are, where we are going and how best to get there. I am confident that this conference will re-energize this important agenda and bring practical ideas and new initiatives to countries to improve access to medicines.

So, I hope that the conference will not be an end to the discussions. But let us find ways to share information more regularly, to collaborate and to learn from each other more systematically.

For sure - let us meet again much sooner than the 17 years that have elapsed since the last conference on National Medicines Policies in 1995.

Thank you very much. I am very much looking forward hearing about the outcome of the conference.