Access to medicine in New Zealand

The Pharmaceutical Schedule provides funded access to medicines for all New Zealanders. However, we know that there are groups of people who access medicines more readily than others, and groups that have comparatively low access.

Some of the reasons for inequitable access may be financial (such as the cost of going to the doctor), geographic (how close people live to a doctor or pharmacy), awareness (knowing what medicines or health services are available), poor prescribing, or because the person prefers an alternative non-funded treatment (such as a herbal remedy or traditional medicine), or no treatment at all.

Using asthma as an example, our analysis shows that medicines usage is higher for European New Zealanders and much lower for Māori and Pacific peoples. At the same time, Māori and Pacific people have higher rates of hospitalisation. This illustrates how differences in usage patterns can contribute to health disparities among different population groups.

Hospitalisations for asthma for year ending May 2007

What are we doing about it?

Promoting the responsible use of medicines (or ‘optimal use’) is one of PHARMAC’s statutory functions.

We work closely with others in the health system to ensure campaigns aimed at limiting over, under and mis-use of medicines are effective.

One Heart Many Lives promotes awareness of cardiovascular disease, New Zealand’s #1 cause of death. The campaign is particularly aimed at Māori and Pacific men, who die up to 14 years earlier than other New Zealanders.

One Heart Many Lives was a response to analysis showing high rates of heart disease, coupled with low uptake of cholesterol-lowering statin medicines, in some areas of New Zealand. The programme is run in partnership with District Health Boards and Primary Health Organisations to develop local solutions fit for local people. An early assessment of the campaign showed increased awareness of the factors that contribute to cardiovascular disease (poor diet, smoking, physical inactivity, obesity), an increase in referrals for Green Prescriptions, and a greater than average increase in prescriptions for cholesterol-lowering medication.

Another Information Sheet (Optimal Use of Medicines) provides more information about our current campaigns.
Māori Responsiveness Strategy

PHARMAC’s Māori Responsiveness Strategy is designed to increase prescribing, uptake, utilisation and optimal use of medicines by Māori. The strategy was developed after extensive consultation with the Māori community, and guides us on how to best meet the needs of Māori. The six strategic goals are:

- Incorporate Māori strategic priorities into wider PHARMAC work
- Improve human resources
- Improve ethnicity data collection and analysis
- Improve our performance in negotiating with suppliers and assessing new drug applications
- Improve our performance in informing Māori about available subsidised medicines
- Improve Māori representation and participation.

The Strategy has led to a number of activities that improve our responsiveness to Māori. There is now Māori representation on PHARMAC’s Board and in advisory bodies. We also have a dedicated team, Te Whaioranga, providing specific advice on Māori responsiveness and managing projects aimed at improving Māori use of medicines.

PHARMAC’s Māori Use of Medicines programme - He Rongoa Pai; He Oranga Whanau - has a number of aspects all designed to help Māori better use medicines.

Decision Criteria

We have nine Decision Criteria that we use to decide which medicines should be funded. One of these criteria – the particular health needs of Māori and Pacific peoples – is in place specifically to help reduce inequalities in access to medicines.