The case for...

Workforce development to support the better use of medicines

*Better training, better care*

Victoria Rutter, Executive Director, CPA
Medicines ARE essential for UHC

• **Medicines are vital** - prevention, diagnosis, treatment & cure of disease

• Access to **safe and effective medicines** - fundamental to achieving UHC

• **Demand for medicines increasing** in parallel to an aging global population, rise in co-morbidities & increasingly complex care

• Translates to **increase risks & costs**

• **Spending on medicines only 2\textsuperscript{nd} to health workforce**

• **Effective & efficient management of medicines essential to maximise outcomes, reduce risk & minimise costs**
ARE pharmacists essential for UHC?

How many do we need?

More pharmacists managing complex medicines improves healthcare outcomes

Traditional medicines supply functions

Clinical medicines management \((p<0.01)\)


Outpatient pharmacists non-dispensing roles on patient outcomes and prescribing patterns. Cochrane Database of Systematic Reviews, 2010;7.

‘Empowering pharmacists to improve health and wellbeing throughout the Commonwealth’
Current global picture

- ...18 million shortfall in health workers by 2030
- UN recognises **CAPACITY** as an indicator of achieving SDG 3
- Pharmacy workforce capacity change in **low & LMICs** - relatively capacity-poor
Global pharmacy workforce vision

How will YOU & YOUR country respond?

To achieve sustainable UHC…
✓ Are medicines essential?
✓ Are pharmacists essential?
✓ Is collaborative working essential?

Will YOU & YOUR governments work with us to support investment in developing an adaptable, flexible, capable & well-distributed pharmacy workforce for achieving UHC & the SDGs?

‘Empowering pharmacists to improve health and wellbeing throughout the Commonwealth’