



## **SHPA submission to Preparing for, and responding to, future pandemics and other international health emergencies**

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

Hospital Pharmacists have played a critical role over the COVID-19 pandemic, operating the logistics of and making up vaccine doses for state-run mass vaccination clinics during 2021, and supplying and dispensing vital COVID antiviral treatments from the National Medical Stockpile for the prophylaxis of COVID-19.

SHPA convenes an Infectious Diseases Specialty Practice Group, consisting of a network of pharmacists who have expertise or interest in infectious diseases, including general infectious diseases, critical care, tropical medicine, antimicrobial stewardship, antimicrobial therapeutic drug monitoring, surgical prophylaxis, HIV, and sexual health.

SHPA also convenes a Clinical Trials Specialty Practice Group, bringing together pharmacists who are involved in the provision of a clinical trial or investigational drugs pharmacy service to clinical trial participants in hospitals (private and public) and Phase 1 clinical trial units, and clinical trials pharmacists who also provide a service to research departments.

SHPA is a key member of the National Clinical Evidence Taskforce (NCET) for COVID-19 and represented on the National Steering Committee and National Guidelines Leadership Group. SHPA members who are subject matter experts in their field, are also represented on various specialist expert writing group panels convened by the NCET COVID Taskforce, including the acute and critical care panel, disease modifying treatment and chemoprophylaxis panel.

SHPA believes that the skills of hospital pharmacists must be fully utilised in any future health emergency responses. This includes recognising the experience and expertise of pharmacists through representation in committees developing clinical guidelines, the service delivery of vaccination programs as well as the logistical advice and management in securing and transporting critical medicines.

SHPA welcomes the opportunity to provide feedback to the Preparing for, and responding to, future pandemics and other international health emergencies consultation.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [jjyik@shpa.org.au](mailto:jjyik@shpa.org.au).

### **Consultation questions**

#### **1. How can international cooperation be improved to more effectively prevent, prepare for, and respond to, future pandemics and other international health emergencies?**

##### **Global supply chain and logistics**

SHPA is pleased to learn that Australia is actively discussing the key issue of ensuring global supply chains and logistics networks with other World Health Organization (WHO) member states. Disparities between some WHO members states in access to critical medicines worsen the impact of pandemics and hinder global containment efforts. One of the key priorities outlined in the consultation document is the equitable and timely



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access to health emergency countermeasures, such as vaccines, medicines, and personal protective equipment. SHPA supports mechanisms that ensure fair, rapid distribution and equitable access to vaccines, treatments, and medical supplies in the new instrument, particularly for low- and middle-income countries.

As outlined in SHPA's COVID-19 hospital pharmacy snapshot capacity series final report<sup>1</sup>, SHPA recommends providing additional support to regional, rural and remote hospitals, who face a greater challenge due to limitations on transport and travel, with resulting prolonged delays in the supply of medicines. SHPA also recommends strengthening Australia's medicines supply system to reduce the chance that Australia is left at risk of undersupply of critical medicines during an international pandemic. This must also involve encouraging and fostering collaboration between Australia's jurisdictions on access to medicines to aid emergency preparedness.

SHPA's Pharmacy Forecast Australia 2021<sup>2</sup> report also explores key issues around patient access to critical medicines during the COVID-19 pandemic. The Commonwealth government maintains a National Medical Stockpile with a limited quantity of pharmaceuticals, vaccines, and antidotes for use during public health emergencies. The stockpile is intended to complement state and territory supplies in a health emergency, however it was not equipped with pharmaceuticals to adequately supplement states and territories through the COVID-19 pandemic.

A local preparedness model can be an alternative approach to 'just-in-time' inventory management that most Australian hospitals have been able to reasonably rely on during recent years. This has been referred to as a 'just-in-case' approach, best adopted in remote areas or in times of short-term supply interruptions. This approach is more expensive, consuming financial, time and space resources and carries its risks, including stock expiry.

Health systems globally must work closely with suppliers to minimise commercial risk for suppliers and incentivise increased stock holdings of essential medications. Increased strategic stock holdings have been an essential management and insurance strategy for all states, territories, individual hospitals, and health networks during the pandemic – independent of the federal government. Many are likely to remain for the medium-term given current heavy reliance on India as a supplier of active pharmaceutical ingredients and generic medications to the global market.

It is likely that strategic stockholdings, particularly of essential medicines, will need to be operationalised within jurisdictions for the foreseeable future, with frameworks for decision-making around medications required to be held locally rather than specifying prescriptive universal medication lists. Local work should ensure adequate pharmaceutical supplies for the medical services and geographic risks within a jurisdiction.

As the national peak body for pharmacists working in Australian hospitals, SHPA recommends that pharmacy leaders fund a centralised partnership with SHPA to coordinate intra- and inter-jurisdictional collaboration and cooperation to share stock holding information and essential medicines lists.

SHPA believes that improvements in global supply chains of medicines can also be enhanced by creating international stockpiles of critical medical supplies and vaccines that can be rapidly deployed to countries in need during emergencies. It would also benefit from WHO member states collaborating with international pharmaceutical companies to ensure the availability of essential medicines and vaccines worldwide. This also includes consideration for the ancillary equipment and medicines needed for treatment such as needles, intravenous solutions or medicines required for intubation.

Logistics and distribution of critical medicines should therefore include consultation and assistance from pharmacists who are best placed to advise on the other essential medicines and equipment required for treatment, storage and respond to the logistical transport challenges associated with the deployment of critical medicines and vaccines.



## 2. What issues do you think need to be prioritised to guide the world's future preparation for, and responses to, future pandemics and other international health emergencies?

### Communication and public awareness

Through their clinical practice, SHPA members contribute daily to the promotion and use of evidence-based medicine through advising colleagues on treatment options as well as educating patients on the optimal use of their medicines. Throughout the COVID-19 pandemic, pharmacists were the most accessible health professional<sup>3</sup> and a port of call for many patients on guidance around COVID-19 treatment and prevention. The latest Governance Institute of Australia Ethics Index continues to rate pharmacists as one of the most trusted healthcare professionals.<sup>4</sup>

Infectious diseases pharmacists promote evidenced based practice and antimicrobial stewardship, which is vital to ensuring treatments are reserved for intended purposes only including during health emergencies. The expertise of pharmacists can also address the growing threat of antimicrobial resistance, which can exacerbate the impact of infectious diseases.

SHPA is also a member of the National Clinical Evidence Taskforce (NCET) for COVID-19 and represented on the National Steering Committee and National Guidelines Leadership Group. SHPA members who are subject matter experts in their field, are also represented on various specialist expert writing group panels convened by the NCET for COVID-19, including the acute and critical care panel, disease modifying treatment and chemoprophylaxis panel. However, there was a lack of pharmacist representation in key specialist committees advising on the use of vaccines such the Australian Technical Advisory Group on Immunisation (ATAGI) recommendations. SHPA believes that involving pharmacists in the implementation and development of clinical guidelines is key to the appropriate clinical management of any future pandemic.

Whilst a decision has already been made to discontinue NCET funding from 30 June 2023, SHPA believes continued funding for programs such as the NCET are essential to the provision of evidence-based recommendations for health services and health professionals in the clinical care of urgent and emerging diseases. Due to widespread misinformation during the pandemic, healthcare service providers relied upon these evidence-based guidelines to assist healthcare professionals in making evidence-based treatment decisions for COVID-19.

SHPA is also committed to the promotion of accurate health information and evidence-based medicine to healthcare professionals and the public. SHPA believes that in future, further strategies must be employed to tackle the widespread health misinformation prevalent during the COVID-19 pandemic. In order to counter misinformation and promote science-based information sharing, this includes establishing and enforcing international agreements that require countries to follow standardised guidelines for pandemic preparedness, response, and recovery. They must also ensure that such agreements include provisions for equitable access to vaccines, treatments, and medical supplies.

For successful public health communication, this would involve investing in effective communication strategies and campaigns to combat misinformation and ensure public understanding of health guidelines.

From a healthcare professional perspective, future health emergencies would benefit from improved and earlier communication with hospital pharmacy services around sourcing critical medicines and vaccine procurement. This may also benefit from increased transparency of medicine stocks held in hospitals to enable smoother coordination of efforts to move stock if required.



### **3. Is there any other information you would like to provide that might help to guide Australia's engagement on a new international pandemic instrument and changes to the International Health Regulations?**

#### **Enabling co-development and transfer of technology**

SHPA supports the promotion of health technology transfer and equitable access to pandemic-related innovations. This also includes investment in research on new vaccines and treatments, which SHPA members are involved with through working in research capacity and managing clinical trials in hospital settings.

Fostering international collaboration on research and development for vaccines and therapeutics will not only increase global production capacity of these new treatments but will also enable improved preparedness in the event of any future pandemic.

In addition, the COVID-19 pandemic demonstrated the ability for governments to accelerate and fund digital health technology innovations such as electronic prescriptions and virtual health consultations, which allowed greater access to treatment for patients as well as limiting movement and spread of disease. Many of these innovations have become standard practice in clinical settings and will enable better sharing of data and technology in the event of future emergencies.

#### **Strengthening health system resilience as well as health and care workforce**

One of Australia's key priorities outlined in the consultation paper is to enhance global, regional, and national health capacities to better position the international community to respond to pandemics and other international health emergencies. SHPA believes that in order to build resilient healthcare systems and to cope with the increased demand on services during emergencies, strengthening healthcare systems through workforce training and healthcare workforce development which includes expanding scope of practice, is vital.

Pharmacists have a vital role in responding to future health emergencies. SHPA recommends that investment into developing this key workforce and incorporating pandemic preparedness into undergraduate courses could assist in future responses.



## References

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- <sup>2</sup> The Society of Hospital Pharmacists of Australia. (2021). Pharmacy Forecast Australia 2021. Available at: [https://shpa.org.au/publicassets/89ea30be-de53-ec11-80dd-005056be03d0/pharmacy\\_forecast\\_australia\\_2021.pdf](https://shpa.org.au/publicassets/89ea30be-de53-ec11-80dd-005056be03d0/pharmacy_forecast_australia_2021.pdf)
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