

Pharmaceutical Management Agency's

# Pacific Responsiveness Strategy

September 2010



# Foreword

I am pleased to present PHARMAC's Pacific Responsiveness Strategy. As the government agency charged with managing the Pharmaceutical Schedule and providing subsidies for medicines, we acknowledge that we have a responsibility to help address the health needs of all eligible New Zealanders as much as possible within the funding provided. The Pacific Responsiveness Strategy builds on the success of our Māori Responsiveness Strategy, which asked the community for its views on priority areas for PHARMAC to address. This helped shape our work plan in relation to Māori health. Both the Māori Responsiveness Strategy and the Pacific Responsiveness Strategy aim to ensure PHARMAC is well tuned to the health needs of these significant New Zealand communities. In our view, healthier Māori and Pacific communities mean a healthier New Zealand.

The Pacific Responsiveness Strategy is informed by the perspectives of a range of Pacific stakeholders. In 2006, we sought the views of an informal advisory group of Pacific health sector professionals. This group agreed there was merit in developing a strategic approach to PHARMAC's Pacific activity but stressed that such an approach must be based on good evidence of Pacific health needs, have a clear rationale and clear strategies which align with PHARMAC's role.

PHARMAC subsequently commissioned a stocktake of its current Pacific health sector activities. This report concluded that, in addition to formalising a Pacific Responsiveness Strategy, PHARMAC should improve its capability to respond to Pacific health needs, raise awareness about its role in the Pacific health sector, and develop and strengthen relationships with Pacific health providers and specialists.

This Strategy is designed as a three-year action plan giving consideration to staff and resource constraints. Recognising that the term "Pacific peoples" encompasses a wide range of Pacific cultures and traditions, this Strategy provides a framework for PHARMAC to develop the knowledge and relationships to focus future work to address the health needs of Pacific peoples. In approximately three years' time, we will be in a significantly better position to evaluate our ability to take our approaches to Pacific health to another level.

PHARMAC recognises the value of input from people at the grass-roots level of Pacific health care and greatly appreciates the contribution of those involved in the earlier stages of this work, as well as those who have reviewed this strategy document. We look forward to working with Pacific people across New Zealand, health professionals and providers, District Health Boards, pharmaceutical companies and other stakeholders to improve Pacific peoples' access to medicines so they can achieve better health.

Yours sincerely



**Stuart McLauchlan**

Chair, PHARMAC Board

# Contents

Foreword	1
Introduction	3
PHARMAC's role in New Zealand health	3
The need for a Pacific Responsiveness Strategy	3
The Pacific Responsiveness Strategy	5
PHARMAC's current work in Pacific health	5
Priorities and implementing the Strategy	5
Timeframe and evaluation	6
Endnotes	7



# Introduction

## PHARMAC's role in New Zealand health

PHARMAC is the New Zealand government agency that decides on behalf of District Health Boards (DHB) which medicines are subsidised for use in the community. We operate according to our legislative mandate described in the New Zealand Public Health and Disability Act 2000 (NZPHD). Primarily, this mandate is to secure, within a fixed budget, for eligible New Zealanders the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided.<sup>1</sup>

### PHARMAC's four main roles are:

- making pharmaceutical funding decisions on behalf of District Health Boards for medicines used in the community and some used in hospitals;
- influencing medicines use by promoting the best possible (or optimal) use of medicines and managing population health programmes;
- managing the contracting and supply of pharmaceuticals with suppliers; and
- providing policy advice and support to the health sector.

PHARMAC's medicines funding decisions are based on nine decision criteria, one of which is "the particular health needs of Māori and Pacific peoples". Before making funding and other decisions, we obtain information from a number of sources including, for example, public consultations, evidence-based analyses, the Pharmacology and Therapeutics Advisory Committee (PTAC) and the Consumer Advisory Committee (CAC).

As described in the NZPHD, PHARMAC also has an obligation to "promote the responsible use of pharmaceuticals."<sup>2</sup> We do this not only through our pharmaceutical funding decisions, but through activities to improve access to, and the optimal use of, medicines. PHARMAC has an Access and Optimal Use (AOU) team that designs programmes and develops resources to promote effective treatments for specific health conditions, often for defined populations that experience inequalities in health.

In addition to fulfilling our legislative role, PHARMAC aligns its activities with the strategic direction and goals for the health sector as established by government. The goal of improving the health of population groups experiencing health inequalities is identified in legislation and a range of key government strategies, including the NZPHD, the New Zealand Health Strategy, the New Zealand Primary Care Strategy, and Medicines New Zealand.

## The need for a Pacific Responsiveness Strategy

As part of fulfilling our statutory objective, we take into consideration the health inequalities experienced by particular segments of the New Zealand population. Because of the significant Pacific population in New Zealand and the health disparities experienced by them, such as those described below, we have identified a need for a formal strategy to address Pacific health issues in terms of pharmaceuticals. This Strategy will formalise and expand on what we are already achieving in this area.

Pacific peoples experience considerable barriers to achieving similar health outcomes to much of the rest of the New Zealand population. Although there is significant cultural diversity among Pacific peoples (representing at least 22 different cultures in New Zealand), there are common concerns affecting them all. The table below provides a brief overview of only a few of the health disparities experienced by Pacific peoples.

Table 1: *Issues in Pacific health*

Major health issues for Pacific peoples	Details of Pacific peoples' health inequalities
Pacific peoples experience significant inequalities in a number of health areas and have lower overall health status than other population groups.	<p>Pacific peoples in New Zealand have a life expectancy of approximately 74 years, about four years less than the national average.<sup>3</sup></p> <p>Pacific peoples experience the highest incidence of cerebrovascular disease (stroke) and the second highest incidence of coronary artery disease (second to Māori) in New Zealand.<sup>4</sup></p> <p>Type 2 diabetes is about 3 times more common in Pacific peoples (and Māori) than New Zealand-Europeans and, by 2011, the prevalence of diabetes in Pacific peoples is predicted to rise by 132% since 2003.<sup>5</sup></p> <p>Pacific adults have higher than average rates of a number of major chronic diseases.<sup>6</sup></p>
The primary diseases experienced by Pacific peoples can be positively modified by pharmaceuticals.	<p>Pacific peoples have the highest hospitalisation rate for rheumatic fever in New Zealand.<sup>7</sup></p> <p>The hospitalisation rate for rheumatic heart disease amongst Pacific peoples is three times the rate of New Zealand-Europeans.<sup>8</sup></p> <p>Over 10% of Pacific peoples have type-2 diabetes, compared to less than 4% of the general NZ population.<sup>9</sup></p> <p>Pacific peoples' use of long-acting insulin as a treatment for diabetes is only one-third and 9%, respectively, that of non-Māori and non-Pacific peoples.<sup>10</sup></p> <p>Barriers to health services for Pacific peoples are often cost-related<sup>11</sup>, pointing to a need for subsidised medicines addressing Pacific issues.</p>

The 2006 New Zealand census revealed that approximately 6.6 percent of the New Zealand population identifies as Pacific Islander and that about half of those were born in New Zealand.<sup>12</sup> The Pacific population in New Zealand is unique in that it has a rapidly growing number of those less than 40 years old.<sup>13</sup> Thirty-eight percent of New Zealand's Pacific population is less than 15 years old (compared with 23 percent of the general New Zealand population).<sup>14</sup> Figures like these reveal an opportunity to address the causes of many health issues before they become significant in older age.

# The Pacific Responsiveness Strategy

## PHARMAC's current work in Pacific health

This Strategy builds on existing work undertaken by PHARMAC in the area of Pacific health. The Strategy is designed to standardise our focus on Pacific peoples' health and establish the framework for an increasing focus on their health concerns. The Strategy is also intended to be a flexible and "living" document that can meet the ever-changing culture and demographics of Pacific peoples. This first phase of the Strategy is intended to open lines of communication and establish strong relationships with Pacific stakeholders. As with any endeavour, the development and implementation of this strategy must occur within the available resources.

Currently, we work to improve the health of Pacific peoples by:

- considering "the particular health needs of Māori and Pacific peoples" as one of the pharmaceutical funding decision criteria;
- obtaining advice on engaging with Pacific consumers and receiving a Pacific perspective on our operations through a Pacific representative on our Consumer Advisory Committee;
- translating some of our consumer resources into a number of Pacific island languages; and
- supporting the best use of medicine by Pacific peoples (among other population groups) through tailored Access and Optimal Use campaigns (One Heart Many Lives for example).

The areas of strategic focus and specific actions for PHARMAC identified in the following section provide a pathway for us to continue developing our Pacific-related activity within available resources. The Strategy is a step within PHARMAC's endeavour to continue strengthening our contribution to improving the health of Pacific peoples. Information gained and relationships developed during this phase of activity will support PHARMAC's progression of the Strategy, which will see our Pacific activity elevated another level.

## Priorities and implementation

This Strategy details a pragmatic approach to focusing PHARMAC's effort on improving its core activities in relation to Pacific peoples' health through:

- developing an internal PHARMAC understanding of Pacific health issues;
- building networks with other key players involved in Pacific health;
- targeting AOU campaigns to specific issues of Pacific health; and
- to the extent possible, connecting to broader government and health sector efforts to improve Pacific health.

Table 2 below outlines the priority areas and implementation activities PHARMAC will focus on for the next one to three years to establish Pacific health knowledge and relationships. From this, we will be able to further progress in improving how we address Pacific health needs. These activities will continue to build on what is already working well, both for PHARMAC and for Pacific communities.

Table 2: *Implementing the Strategy*

Goal	Rationale	Actions
Increase organisational understanding of Pacific health status and Pacific communities.	Improving PHARMAC's understanding of Pacific health needs and communities will ensure the quality, and inform the direction, of the organisation's activities.	<ul style="list-style-type: none"> <li>&gt; Collect and synthesise information on areas of significant Pacific health need.</li> <li>&gt; Present information and conduct trainings on Pacific health issues, challenges, culture and communities to PHARMAC staff.</li> <li>&gt; Make available Pacific health research outcomes.</li> <li>&gt; Continue seeking advice from the Pacific representative(s) on our Consumer Advisory Committee.</li> </ul>
Improve consideration of Pacific health needs in funding decisions.	Obtaining quality and robust data on Pacific health needs ensures solid evidence from which decisions can be made.	<ul style="list-style-type: none"> <li>&gt; Continue improving and incorporating data collection and analysis on Pacific health needs into funding decisions.</li> <li>&gt; Update PHARMAC's data collection and analysis which links prescription rates with Pacific health needs.</li> <li>&gt; Where medicines funding decisions are of significant relevance to Pacific stakeholders, ensure these stakeholders are consulted.</li> </ul>
Where appropriate, target Access and Optimal Use (AOU) activities to Pacific populations.	PHARMAC can contribute to the access and optimal use of medicines in Pacific health by targeting Pacific peoples in AOU campaigns.	<ul style="list-style-type: none"> <li>&gt; Continue development of AOU prioritisation criteria (based on PHARMAC's nine decision criteria) that includes considering the needs of Pacific peoples.</li> <li>&gt; Consider Pacific health needs when deciding on new AOU campaigns.</li> <li>&gt; Review all existing AOU campaigns to consider how these can be better tailored for Pacific audiences.</li> <li>&gt; Raise awareness of AOU activities within significant Pacific populations and amongst Pacific health agencies (including the seven DHBs with a particular responsibility for Pacific Health<sup>15</sup>, leading primary health organisations, Pacific providers with a particular responsibility for providing Pacific health services and churches with a significant Pacific congregation).</li> <li>&gt; Where appropriate, ensure Pacific peoples and communities that were engaged in a programme are followed up with to maintain communication and relationships.</li> <li>&gt; Ensure communications and campaign messages and delivery are appropriate to different Pacific cultural groups.</li> </ul>
Establish and maintain constructive relationships with Pacific health stakeholders and significant Pacific communities to implement the activities identified here and establish the groundwork for future work in this area.	PHARMAC needs to identify and communicate with key stakeholders to obtain quality information from which to make decisions and address Pacific health needs.	<ul style="list-style-type: none"> <li>&gt; Work closely with Pacific health providers and agencies to help address Pacific health inequalities.</li> <li>&gt; Work to develop sustained relationships with Pacific communities to increase PHARMAC awareness and knowledge of Pacific health issues.</li> <li>&gt; Encourage PHARMAC representation at Pacific health conferences (e.g. the Pasifika conference).</li> <li>&gt; PHARMAC staff may attend the annual meeting of the Pacific Health Managers from the seven DHBs noted above.</li> <li>&gt; Engage Pacific community leaders in AOU activities.</li> <li>&gt; PHARMAC to assist with funding relevant prescriber information that includes Pacific health issues, such as the Best Practice Advocacy Centre's (BPAC) journal.</li> </ul>

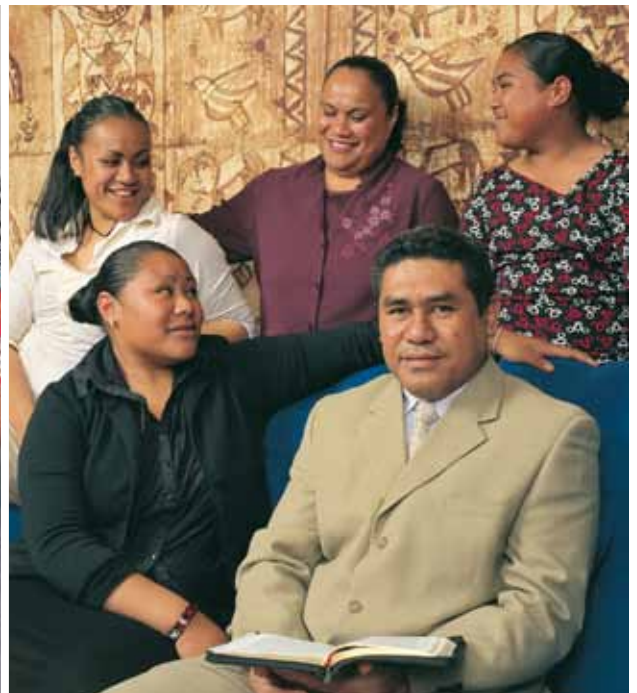
## Timeframe and evaluation

PHARMAC plans to implement the activities in the Strategy over the next one to three years through a phased approach. Progress in implementing this Strategy will largely be able to be judged by "ticking the box", whereby we can evaluate the actions we have taken as listed above and tick that they have been or are being achieved. Also, the networks developed through this Strategy will provide the opportunity to allow feedback on the progress of implementation.

Once appropriate relationships and communication channels are established, work will be undertaken to further identify Pacific health gaps and how PHARMAC can progress in addressing these. As part of this process, PHARMAC will seek the views of a broader range of Pacific health stakeholders and networks with which it will be engaged as a result of this Strategy. We will seek stakeholder's views about appropriate next steps to continue improving PHARMAC's work in this priority area.

# Endnotes

1. Section 47, NZ Public Health and Disability Act, 2000.
2. Section 48d, NZ Public Health and Disability Act, 2000.
3. Tupa Ola Moui: The Pacific Health Chart Book 2004. New Zealand Ministry of Health, September 2004.  
<http://www.moh.govt.nz/moh.nsf/pagesmh/3419>
4. DHB Toolkit: Cardiovascular disease. New Zealand Ministry of Health, February 2003, p 7.  
<http://www.moh.govt.nz/moh.nsf/0/31E369C74DB3774DCC257234000461F0>
5. DHB Toolkit: Diabetes. New Zealand Ministry of Health, December 2003, pp 9, 14.  
<http://www.moh.govt.nz/moh.nsf/by+unid/6CD2AEED2EFB89F5CC2572340005F6C1?Open#availability>
6. Tupa Ola Moui, p xxvii. <http://www.moh.govt.nz/moh.nsf/pagesmh/3419>
7. DHB Toolkit: Cardiovascular disease, p 31. <http://www.moh.govt.nz/moh.nsf/0/31E369C74DB3774DCC257234000461F0>
8. DHB Toolkit: Cardiovascular disease, p 31. <http://www.moh.govt.nz/moh.nsf/0/31E369C74DB3774DCC257234000461F0>
9. Tupa Ola Moui, p xxvii. <http://www.moh.govt.nz/moh.nsf/pagesmh/3419>
10. Variation in the use of medicines by Māori and Pasifika populations in 2006/07. Internal PHARMAC paper prepared by Scott Metcalfe, May 2008, p 14.
11. Tupa Ola Moui, p xxvii. <http://www.moh.govt.nz/moh.nsf/pagesmh/3419>
12. Statistics New Zealand. 2006 census: QuickStats about Pacific peoples.  
<http://www.stats.govt.nz/Census/2006CensusHomePage/QuickStats/quickstats-about-a-subject/pacific-peoples.aspx>
13. Good engagement seminar: Engaging effectively with Pacific communities. Presented by the Office for the Community & Voluntary Sector with the Ministry of Pacific Island Affairs, Wellington, NZ. 7 May 2010. <http://www.ocvs.govt.nz/work-programme/building-good-practice/good-practice-in-action/index.html#EngagingeffectivelywithPacificcommunities3>
14. Good engagement seminar: Engaging effectively with Pacific communities. <http://www.ocvs.govt.nz/work-programme/building-good-practice/good-practice-in-action/index.html#EngagingeffectivelywithPacificcommunities3>
15. Capital and Coast, Hutt, Canterbury, Waikato, Counties Manukau, Auckland, Waitemata





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