

THE CHALLENGES OF MEDICATION PRICING IN MOROCCO

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Medicines, which are highly prized for their curative or preventive qualities, are qualified under Moroccan law as "any product that can be administered to humans or animals with a view to making a medical diagnosis or restoring, correcting or modifying their organic functions". Medicines are a vital good of public utility for society as a whole, and their circulation and consumption cannot be determined solely by the laws of the market. It must be subject to regulation because of the risks associated with its misuse by the public or its inaccessibility to poor patients. The law therefore continues to require its exclusive prescription by doctors, while its manufacture and marketing are carried out by pharmacists or industrial pharmaceutical establishments. The monopoly of the pharmaceutical profession is regulated to control the practice of the profession and the quality and prices of medicines. In the regulatory process set up to determine the price of a medicine, the public selling price is established at the end of a negotiation between the producer or importer and the public authorities on the basis of supporting documents submitted to the administration, with a view to arriving at a value that takes account of real costs and provides a fair profit margin. However, given the manufacturer's monopoly and the captivity of the market, which represents a global turnover of more than 15.5 billion dirhams, the public authorities have little room for manoeuvre. In these circumstances, the question this article seeks to answer is whether the efforts of the public authorities, whose mission is to preserve public health and guarantee access to therapeutic products, could result in the setting of a fair price for medicines.

The Moroccan pharmaceutical industry has developed in a market dominated by a limited number of private operators. It is made up of 49 industrial units or laboratories that control the entire chain of drug production and close the distribution system. This

market, which represents an important turnover, has a monopolistic presence of private companies, of which only one holds more than 10% of sales and the three main ones monopolise about a third of the market share. The drug distribution scheme contributes to higher prices, as these manufacturers supply 80% of their products to wholesale distributors who supply pharmacists. The fixation of profits at the marketing stage of medicines as a percentage of the selling price, as well as the exclusivity of supply channels, directs the interests of the entire system towards promoting the most expensive medicines and strengthening the marketing designed by manufacturers for their use. However, this impression is largely refuted by the concentration of major specialities in the hands of a few dominant laboratories. These specialities vary in the production of drugs for long-term diseases such as cancer, AIDS, hepatitis etc., the price of which is a real barrier to their use by patients and a problem for public authorities seeking to achieve the goal of health for all. This is due to the open oligopoly characteristic of the national pharmaceutical sector, which actually consists of a core of a small number of industrialists with strong market power, capitalising on know-how, expertise and portfolios of drugs in high demand in certain therapeutic segments. This dominance is supported by financial strength and a diversified portfolio of more than 100 brands. The major manufacturers are demand-driven for the treatment of ALDs and serious pathologies, setting a pre-tax selling price with no real competition.

Despite the measures taken by the public authorities in terms of regulations to set a fair and accessible price for medicines, they remain far from the expectations of professionals in the sector and citizens, especially those who do not have medical coverage or health insurance; this obliges them to make more efforts in this direction and to initiate the debate on the overhaul of the national health policy. On the other hand, it is essential to amend the current regulations in view of the negative consequences for the profitability and accessibility of medicines. In this context, it is recommended that the price in the country of origin should not be used as a basis for setting the price of the originator drug manufactured locally, that the benchmark should be extended to other countries where the prices are the cheapest, and that the period for revising the public

sales price, which is currently five years, should be reduced. Finally, it is necessary to address possible abuses and to reframe the hegemony of the national pharmaceutical industry. The state must exercise upstream control over all stages of the development of the manufacturer's price (excluding tax) of the drug, with a view to guaranteeing greater transparency in this sector.

A DEMOGRAPHIC OVERVIEW OF PHARMACY

PROFESSIONS IN FRANCE

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In order to better anticipate changes in the various pharmacy professions, the French National Order of Pharmacists publishes, as it does every year, a demographic overview. The trends have been stable for 10 years. Although there will be a slight decrease in the number of registered pharmacists between 2019 and 2020 (-0.5%), the number of registrations has increased since 2010 (+0.8%). Pharmacists working in health or medico-social establishments and in the fire and rescue services, as well as pharmacists working in industry, have recorded the highest increases in registration over the last ten years (+30.9% and +19% respectively). Overseas pharmacists have also registered in greater numbers over the same period (+18.7% in 10 years) due to the large increase in institutional pharmacists in these territories. The average age of pharmacists is 46.8 years in 2020. The average age of pharmacists registered with the Order is increasing slowly (+1.3% per year in 10 years). While only 10.5% of pharmacists were aged 60 or over in 2010, this figure will rise to 18.4% in 2020. The change in the retirement age partly explains this development. However, the number of pharmacists under 35 years of age is increasing (21% of pharmacists registered with the Order), confirming the renewal of the profession. The majority of pharmacists are still