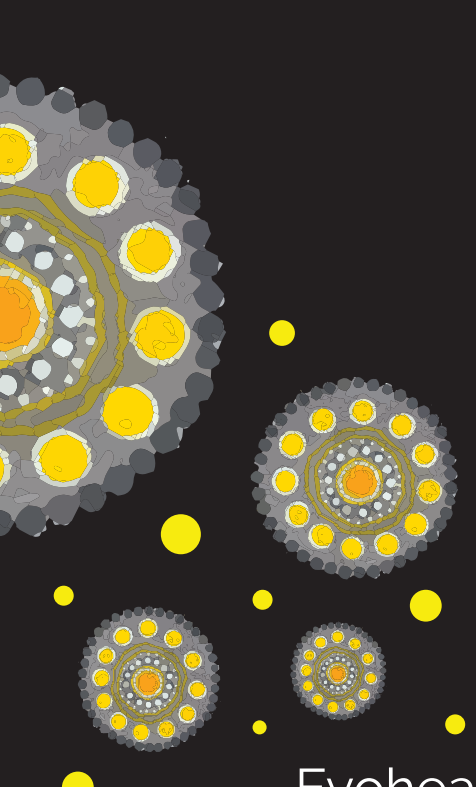





Closing the medicine gap

Improving First Nations peoples'
access to medicine



Evohealth acknowledges that we work on the traditional lands of many Aboriginal clans, tribes, and nations.

We commit to working in collaboration with Aboriginal and Torres Strait Islander communities and peoples to improve health, emotional and social well-being outcomes in the spirit of partnership.



About Evohealth

The delivery of healthcare is complex.
Our focus is not.

Better health for all Australians.

CLOSING THE MEDICINE GAP:
IMPROVING FIRST NATIONS
PEOPLES' ACCESS TO MEDICINE

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Throughout this article we respectfully refer to Aboriginal and Torres Strait Islander peoples as First Nations people. We acknowledge the cultural diversity of First Nations peoples throughout Australia and the hundreds of groups with distinct languages, traditions, and histories.

MEDICINE ACCESS IS **ESSENTIAL TO THE RIGHT TO HEALTH**

Australia is renowned for its advanced healthcare system, yet it does not serve all Australians equally. First Nations people encounter significant barriers accessing crucial medications and vaccines, resulting in poorer health outcomes and diminished life expectancy. Ensuring that medicines and vaccines are readily available, affordable and clearly understood is vital for maintaining health and preventing illness. [1, 2] Unfortunately, this isn't always the case for all First Nations people.

This report explores the unique challenges First Nations people face in accessing medicines and vaccines, the efforts currently in place to bridge this gap, and the obstacles that still hinder progress. We also present practical recommendations for enhancing medicine access to ensure equitable health outcomes for all Australians.

The National Medicines Policy: A Framework for Equity

The National Medicines Policy (NMP) serves as a roadmap for ensuring all Australians have equitable access to high-quality medicines and related services. First published in 2000, and extensively reviewed in 2022, the policy is built on four key pillars:

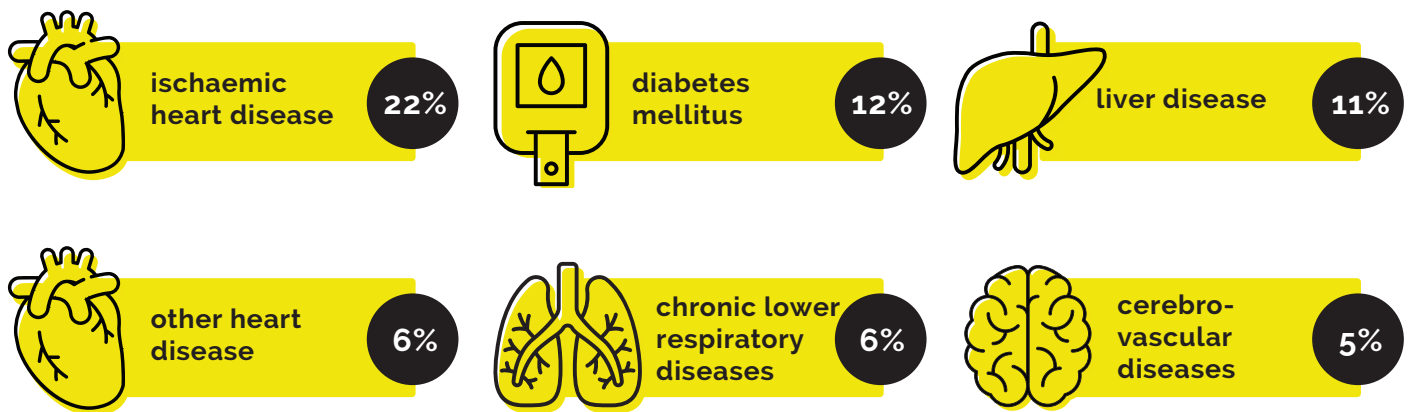
1. Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.
2. Medicines that meet the required standards of quality, safety and efficacy.
3. Quality use of medicines and medicines safety.
4. Collaborative, innovative and sustainable medicines industry and research sectors with the capability, capacity and expertise to respond to current and future health needs.

The NMP specifically recognises the need to address healthcare inequities faced by vulnerable populations, including First Nations Australians. It calls for collaboration with Aboriginal and Torres Strait Islander communities to identify priorities and co-create solutions that address their unique healthcare needs and barriers.

FACING UNIQUE CHALLENGES

First Nations people face numerous hurdles in equitably accessing healthcare, including geographic isolation, socioeconomic disadvantage and systemic inequities. These social, cultural and commercial challenges, stem from the lasting effects of colonisation, a healthcare system that doesn't fully consider their cultural needs, exploitation of their lands, and a range of health determinants. [4,5] These challenges are compounded by a lack of culturally safe healthcare services and appropriate medical information.

First Nations people experience higher rates of chronic disease than other Australians. These conditions, such as diabetes and heart disease, are more common leading to greater burden of illness, disability, and even early death. In fact, chronic diseases account for a staggering 80 per cent of the life expectancy gap between First Nations people and the rest of the population. [6, 7]



Tragically, medicines are readily available in Australia to manage these conditions. Yet, we know that First Nations people are five times more likely to die prematurely from chronic illnesses in our country. [6]

The reported prevalence of type 2 diabetes amongst Aboriginal people in remote communities of the Northern Territory are some of the highest of any population in the world. [8]

The fight against infectious diseases is another challenge for First Nations Australians. While some illnesses, like Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) that can occur following a Streptococcus infection have become less common in Australia thanks to antibiotics and better living conditions, progress has not reached First Nations communities as effectively. Australia holds the dubious honour of having some of the highest rates of RHD in the world, despite being a disease entirely preventable with access to medicine. [9]

In the Northern Territory, **92 per cent** of people with Rheumatic Heart Disease are Indigenous. [10]



DELIVERING CARE

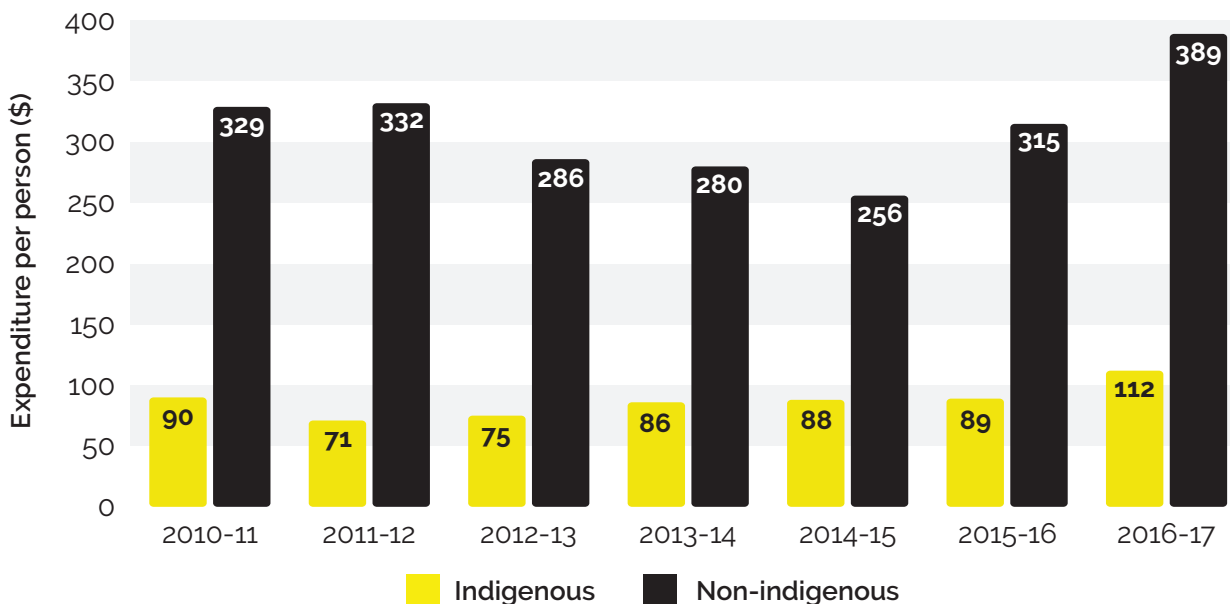
Delivering healthcare in remote areas comes with its own set of challenges. While First Nations people make up only 1.8 per cent of those living in major cities, they comprise 32 per cent of the population in Australia's most remote areas. [11, 12] Providing culturally sensitive care in these locations falls to a mix of organisations: Aboriginal Community Controlled Health Organisations (ACCHOs), state/territory or local health services, or non-government organisations. [6]

Attracting and retaining qualified healthcare workers in these remote regions is challenging, speciality

care is rare and patients can be hours away from the nearest healthcare facility. In fact, only one per cent of General Practitioners (GPs) would consider working in the most remote areas of Australia. [13]

Adding to this complexity is that essential medicines are not always available at the local pharmacy, or Aboriginal Health Service (AHS). We also know that First Nations people seek and access significantly fewer medicines compared to other Australians. In fact, they spend hundreds of dollars less per person on essential medications (Figure 1).

Figure 1: Expenditure on mainstream PBS and RPBS per person, by Indigenous status, 2010-11 to 2016-17



Source: Aboriginal and Torres Strait Islander Health Performance Framework [6]

These unique and difficult challenges faced by First Nations people contribute to inequity of care and access. This, in turn, fuels poorer health outcomes

and life expectancy, which has become far too normalised. To ensure everyone has a fair chance at a long and healthy life, this gap needs to be addressed.

CURRENT ENABLERS TO ACCESS

Despite these challenges, successive governments have sought to address this gap. Several government-funded programs are making strides in improving access to medicines for First Nations people:

1**Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Program:**

This program reduces the cost of PBS medicines for First Nations people, making essential medicines more affordable. [14]

2**Indigenous Health Services Pharmacy Support (IHSPS) Program:**

This initiative funds Aboriginal Community Controlled Health Organisations (ACCHOs) to enhance quality use of medicines through pharmacist support, educational activities, and patient transport. [15]

3**Remote Area Aboriginal Health Services (RAAHS) Program:**

Enables remote Aboriginal health services to provide PBS-listed medicines at no cost. [16]

4**Indigenous Dose Administration Aids (IDAA) Program:**

Provides special packaging for medicines to help patients manage their treatment schedules. [17]

5**Integrating Pharmacists within ACCHOs (IPAC):**

Embeds pharmacists in ACCHOs to improve chronic disease management, with promising outcomes leading to public funding recommendations.

DRIVING CHANGE

In our research we have identified, four key opportunities that can substantially improve health outcomes of First Nations people. These will enhance cultural safety, reduce administrative hurdles, decrease the cost and improve availability of medicines and vaccines.

1. CREATE CULTURALLY SAFE CARE

In a thriving healthcare system, everyone should feel welcome and understood. In Australia, there are barriers to accessing healthcare and, in turn, worse health outcomes, amongst a number of culturally and linguistically diverse groups. [18] For First Nations people, cultural safety is key to unlocking better health outcomes.

Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) play a vital role in providing specialised healthcare, increasing cultural safety, and improving health outcomes for First Nations people. This culturally appropriate care builds trust and incorporates traditional knowledge to deliver the best possible care.

Currently ATSIHW's skills and importance are not reflected in their rights as health professionals,

including prescribing. Despite often having the best opportunity for intervention and point of care provision of medicines, the restrictions on prescribing mean opportunities for improved access to medicines are missed.

When it comes to pharmacist access, the IPAC program demonstrated better health outcomes for patients with chronic disease, following 26 pharmacists working within ACCHOs across the Northern Territory, Queensland and Victoria. In 2023, the Australian Government's Medical Services Advisory Committee (MSAC) recommended that the IPAC model be publicly funded. Acting on this recommendation will support further access to culturally safe care for First Nations people. [19]

2. ACTIVELY IDENTIFY APPROPRIATE MEDICINES AND VACCINES

The current system for recommending new medicines often overlooks the specific needs of First Nations people. In Australia, the Pharmaceutical Benefits Advisory Committee (PBAC) recommends

which drugs should be listed on and subsidised under the PBS, while two subcommittees consider projected use and cost of medicines, and the clinical and economic evaluations of submissions. [21, 22]



There are only 25 medicines listed on the PBS specifically for First Nations people. [23]

Currently, applications for listing of new drugs are led by pharmaceutical companies under a cost recovery process, involving fees at each stage. The fees range from \$33,370 to \$400,000 for a full Category 1 submission recommended by the PBAC at its first submission.

These costs are prohibitive for non-pharmaceutical organisations. Fee waivers can be granted for a number of reasons, including if the submission is of public interest and used “for medical treatment of Aboriginal and Torres Strait Islander peoples”. [24]

There have already been instances where Aboriginal

and Torres Strait Islander groups, in association with the pharmaceutical industry, have actively identified essential medications for First Nations communities. For example, NACCHO led a submission to expand the listing of Prednefrin Forte to provide post-cataract surgical access for Aboriginal and Torres Strait Islander people. [25] Similarly, an outbreak of syphilis in recent years amongst younger First Nations people led to a rapid and coordinated response by Government and other stakeholders, leading to ready access to appropriate treatment (see page 15).

Future collaborations with peak bodies leading the charge, will help ensure everyone has access to the life-saving medicines they deserve.

Health Technology Assessment and Policy Review

The Australian Government has recently released an options paper on Health Technology Assessment (HTA), as part of the Health Technology Assessment and Policy Review. [26] It outlined the process of how medicines and vaccines are listed on the PBS, acknowledging a critical problem due to the lack of formal and regular involvement of First Nations people in the process. This exclusion has resulted in health inequity, with essential medicines often not listed on the PBS for First Nations communities.

The paper proposed a range of options to improve equitable access to life-saving medicines and vaccines for all Australians, including First Nations people. These proposals include:

- establishing a First Nations Advisory Committee;
- creating First Nations representation on the PBAC;
- dedicating resources to assist organisations representing First Nations health for HTA applications;
- developing a priority list in collaboration with ACCHOs to identify essential medicines and therapies; and
- creation of a framework for considering equity in HTA decision-making.

At the time of this report's publication, the Government had yet to announce a response to the paper.

3. IMPROVE HOW MEDICINES AND VACCINES ARE ACCESSED

Several opportunities exist to improve how medicines and vaccines are accessed, including the place of care and leveraging long-standing PBS programs, particularly the Prescriber Bag.

Place of care

For many First Nations people, ACCHOs are a safe haven. However, the inability of many of these health settings to dispense and provide ready access to medicines creates an unnecessary hurdle.

The RAAHS program acknowledges that accessible pharmacies and medical services may be scarce in remote Australia. It also recognises that obtaining prescriptions or traveling long distances to obtain them can be a barrier. Providing some amelioration of this problem are that more than 160 AHS are utilising the RAAHS program. These provide a vital service in remote communities as a source of approved essential medicines. Programs like RAAHS are a step in the right direction, allowing approved ACCHOs to directly provide essential medicines. Expanding access would eliminate many barriers and ensure patients receive the treatment at the point of care.

PBS Prescriber Bag

For First Nations communities, remote locations and limited access to pharmacies can also create significant hurdles in obtaining emergency medical care. The Prescriber Bag program helps bridge this gap by providing medical and nurse practitioners with essential medications they can dispense directly to patients in urgent situations. [28] This program ensures First Nations people have immediate access to critical medications, potentially saving lives and improving health outcomes.

The Prescriber Bag medicines and vaccines are carefully selected based on the specific needs of the community and the types of emergencies likely to be encountered. [29] This ensures healthcare providers have the necessary medicines to deliver timely and effective care, even in remote areas. Further development of this program could enhance access for First Nations people.

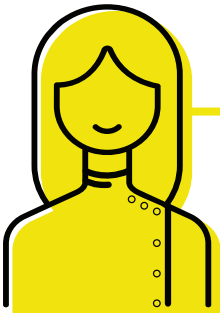


4. REDUCE THE COST OF MEDICINES AND VACCINES

Reducing the cost of PBS medicines and vaccines through the CTG PBS co-payment program is an important program, the integrity of which must be maintained by future governments. Removal of some non-prescription medicines in the past has disrupted access.

Changing medicines from prescription to over the counter (OTC) is often seen as enabling access to medicines. However, for First Nations people who may be eligible for PBS listed drugs at concessional prices or without cost, down scheduling to OTC and resulting removal from the PBS can introduce a financial barrier.

For example, the down scheduling of chloramphenicol eye products. This product treats eye infections, which are three times higher amongst First Nations people than non-Indigenous Australians. [6] From 2016 it was removed from the PBS and patients were required to pay full non-subsidised price. It was soon realised, however, that this change had introduced a potential barrier to access for First Nations people. As a result, in 2017, chloramphenicol eye products returned to the PBS under the CTG program for patients identifying as Aboriginal and Torres Strait Islander people. As this this example highlights, the risks associated with increased patient costs when essential medications are moved off the PBS list should be borne in mind and avoided or mitigated so as not to undermine health objectives.



The integrity of the Closing the Gap PBS co-payment program must be maintained by future Governments.

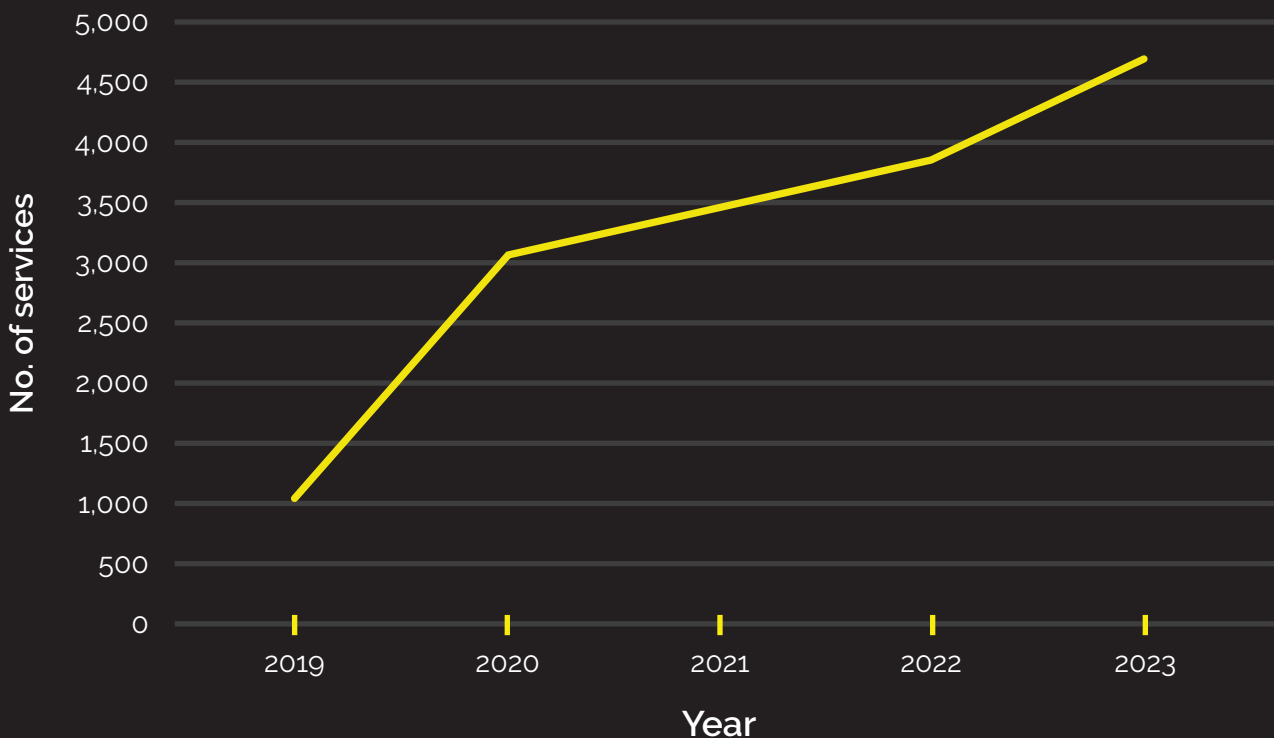
CASE STUDY: REACTING TO AN OUTBREAK

Addition of penicillin for syphilis to PBS Prescribers Bag

In recent years an outbreak of syphilis spread rapidly, particularly among young First Nations people, in parts of Australia. [30] The Australian government, working with NACCHO and Flinders University, mounted a focussed response to reduce the problem. Part of this response included point of care testing and a “test and treat” model. Additionally, in 2019 an effective treatment, benzathine benzylpenicillin was added to the PBS Prescribers Bag for Aboriginal and Torres Strait Islander patients in non-remote areas. [31, 32] This meant patients could receive ‘on the spot’, urgent treatment following testing without any financial cost.

This addition, led to a steady increase in the prescribing of benzathine benzylpenicillin for this purpose (see figure 2). Fewer supplies were made in 2019, as listed occurred in September. [33]

Figure 2: Number of services to provide benzathine benzylpenicillin to treat syphilis from PBS Doctors Bag, 2019 - 2023



Source: PBS Statistics – Services Australia. [34] n.b. as the drug was only listed in September 2019, the figures for that year are lower.

NACCHO collaborated with ACCHO member services, clinicians, and the Royal Australian College of General Practitioners (RACGP) to write a submission to the PBAC for this important listing. [32] While the PBAC process can be complex and expensive, this example highlights the power of needs-driven submissions in ensuring access to essential medications.

CLOSING THE MEDICINE ACCESS GAP

To bridge the gap in medicine access for First Nations people, we propose the following recommendations:

RECOMMENDATION 1

Amplify First Nations voice in the PBAC process

Giving First Nations people the opportunity to advise on health matters that impact them will contribute to better care. Following the proposal in the HTA Review Options paper, establishing an additional subcommittee comprised of First Nations patients and representatives from Aboriginal health services, the PBAC will gain invaluable insights into the specific needs and barriers faced by these communities. This will ensure decisions regarding medicine access are reviewed by those who will be most affected.

RECOMMENDATION 2

Embed culturally safe care in ACCHOs

We know that empowering First Nations people to take control of their health is essential for improving health outcomes. Expanding the IPAC program by embedding pharmacists within ACCHOs would enhance cultural safe care within these services. Broadening the prescribing rights of ATSIHWs would also provide greater accessibility and culturally sensitive care.

RECOMMENDATION 3

Unlock access through PBAC fee waivers

The current system for submitting applications to the PBAC can be a financial hurdle for non-industry groups. To address this, we propose automatic fee waivers for any application related to Aboriginal and Torres Strait Islander health. Additionally, government-provided assistance with writing these submissions would empower these communities to advocate for their specific health needs. These measures, while not eliminating the role of industry, would open the door for more community co-led applications, ensuring the PBAC considers a wider range of needs-driven medicines for First Nations Australians.

RECOMMENDATION 4

Expand the PBS Prescribers Bag

The successful addition of benzathine benzylpenicillin for treating syphilis to the Prescribers Bag program exemplifies the power of active measures. Further expanding this program would equip ACCHOs to hold and dispense PBS-funded medications directly to their patients. This eliminates the need for ACCHOs to purchase and stock medicines at their own expense, a significant financial burden for many services.

Achieving equitable access to medicines for First Nations people is a complex undertaking, but necessary endeavour. By building on existing initiatives and implementing these targeted recommendations, we can do much to bridge the gap and ensure a healthier future for all Australians.

Equitable access to medicines is a fundamental right and a crucial component of achieving health equality. By addressing the unique challenges faced by First Nations people and enhancing existing programs, we can make significant strides towards closing the health gap. At Evohealth, we are dedicated to advocating for and implementing solutions that promote better health for all.

ABBREVIATIONS

Abbreviation	Description
ACCHOs	Aboriginal Community Controlled Health Organisations
AHS	Aboriginal Health Service
AIHW	Australian Institute of Health and Welfare
ARF	Acute Rheumatic Fever
ATSIHW	Aboriginal and Torres Strait Islander Health Workers
CTG	Closing the Gap
GP	General Practitioner
HTA	Health Technology Assessment
IDAA	Indigenous Dose Administration Aids
IHSPS	Indigenous Health Services Pharmacy Support
IPAC	Indigenous Pharmacy Assistance Scheme
MBS	Medicare Benefits Schedule
MSAC	Medical Services Advisory Committee
NMP	National Medicines Policy
OTC	Over the counter
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
RAAHS	Remote Area Aboriginal Health Services
RACGP	Royal Australian College of General Practitioners
RHD	Rheumatic Heart Disease

REFERENCES

1. World Health Organisation, *Towards access 2030: WHO essential medicines and health products strategic framework 2016-2030*. 2017, WHO.
2. World Health Organisation, *WHO Policy Perspectives on Medicines*. 2004, WHO: Geneva.
3. Department of Health and Aged Care. *National Medicines Policy 2022*. 2022; Available from: <https://www.health.gov.au/resources/publications/national-medicines-policy?language=en>
4. Crocetti, A.C., et al., *The commercial determinants of Indigenous health and well-being: a systematic scoping review*. *BMJ Global Health*, 2022. **7**(11): p. e010366.
5. Paradies, Y., *Unsettling truths: modernity, (de-)coloniality and Indigenous futures*. *Postcolonial studies*, 2020. **23**(4): p. 438-456.
6. Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander Health Performance Framework*. 2023; Available from: <https://www.indigenoushpf.gov.au/>.
7. Australian Institute of Health Welfare, *Contribution of chronic disease to the gap in mortality between Aboriginal and Torres Strait Islander people and other Australians*. 2011, AIHW: Canberra.
8. Hare, M.J.L., et al., *Prevalence and incidence of diabetes among Aboriginal people in remote communities of the Northern Territory, Australia: a retrospective, longitudinal data-linkage study*. *BMJ Open*, 2022. **12**(5): p. e059716.
9. Parnaby, M.G. and J.R. Carapetis, *Rheumatic fever in Indigenous Australian children*. *Journal of Paediatrics and Child Health*, 2010. **46**(9): p. 527-533.
10. Australian Institute of Health Welfare, *Acute rheumatic fever and rheumatic heart disease in Australia 2017-2021*. 2023, AIHW: Canberra.
11. Australian Institute of Health Welfare, *Rural and remote health*. 2023, AIHW: Canberra.
12. Health, A.I.O. and Welfare, *Rural and remote health*. 2023, AIHW: Canberra.
13. Royal Australian College of General Practitioners, *General Practice Health of the Nation*. 2023; East Melbourne, Vic.
14. Department of Health and Aged Care. *The Closing the Gap (co-) - PBS Co-payment Program*. 2024; Available from: <https://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>.
15. Department of Health and Aged Care. *7th Community Pharmacy Agreement*. Available from: <https://www.health.gov.au/topics/primary-care/what-we-do/7cpa>
16. Department of Health and Aged Care. *About the Remote Area Aboriginal Health Services Program*. 2023; Available from: <https://www.health.gov.au/our-work/raahs-program/about>.
17. Pharmacy Programs Administrator. *Indigenous Dose Administration Aids*. 2023; Available from: <https://www.ppaonline.com.au/programs/medication-adherence-programs-2/indigenous-dose-administration-aids>.
18. Khatri, R.B.A., Yibeltal, *Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges*. *BMC Public Health*, 2022. **22**(1): p. 880.
19. Department of Health and Aged Care. *MSAC Public Summary Document*. Application No. 1678. Available here: [https://www1.health.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/\\$File/1678%20Final%20PSD%20\(redacted\)%20-%20Mar%202023.pdf](https://www1.health.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/$File/1678%20Final%20PSD%20(redacted)%20-%20Mar%202023.pdf)

20. Department of Health and Aged Care. *Pharmaceutical Benefits Advisory Committee (PBAC) Membership*. 2023; Available from: <https://www.pbs.gov.au/info/industry/listing/participants/pbac>.
21. Department of Health and Aged Care. *Drug Utilisation Sub Committee (DUSC)*. 2023; Available from: <https://www.pbs.gov.au/info/industry/listing/participants/drug-utilisation-subcommittee>.
22. Department of Health and Aged Care. *Economics Sub Committee (ESC)*. 2023; Available from: <https://www.pbs.gov.au/info/industry/listing/participants/economics-subcommittee-esc>.
23. Department of Health and Aged Care. *Listings on the PBS for Aboriginal and Torres Strait Islander people*. 2023; Available from: <https://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>.
24. Department of Health and Aged Care. *Cost Recovery Fees and Charges*. 2023; Available from: <https://www.pbs.gov.au/info/industry/listing/elements/fees-and-charges>.
25. NACCHO. *NACCHO leads PBS listing of medication to improve eye health for Aboriginal and Torres Strait Islander people*. 2020; Available from: [https://www.naccho.org.au/naccho-leads-pbs-listing-of-medication-to-improve-eye-health-for-aboriginal-and-torres-strait-islander-people/#:~:text=The%20National%20Aboriginal-Community%20Controlled,Pharmaceutical%20Benefits%20Scheme%20\(PBS\)](https://www.naccho.org.au/naccho-leads-pbs-listing-of-medication-to-improve-eye-health-for-aboriginal-and-torres-strait-islander-people/#:~:text=The%20National%20Aboriginal-Community%20Controlled,Pharmaceutical%20Benefits%20Scheme%20(PBS)).
26. Department of Health and Aged Care. *Health Technology Assessment Policy and Methods Review - Consultation 2 Options Paper*. 2024; Available from: <https://ohta-consultations.health.gov.au/ohta/hta-review-consultation-2/>.
27. Department of Health and Aged Care. *Health Technology Assessment and Policy Review*. Available from <https://www.health.gov.au/our-work/health-technology-assessment-policy-and-methods-review>
28. Department of Health and Aged Care. *Prescriber Bag*. 2024; Available from: <https://www.pbs.gov.au/browse/doctorsbag#:~:text=Certain%20pharmaceutical%20benefits%20are%20provided,and%20signed%20by%20the%20prescriber>.
29. Royal Australian College of General Practitioners. *Standards for general practices: Criterion GP5.3 – Doctor's bag*. 2024; Available from: <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-5/criterion-gp5-3-doctor-s-bag>.
30. Department of Health and Aged Care. *National response to syphilis*. 2023 [cited 2023 24/10/2023]; Available from: <https://www.health.gov.au/our-work/national-response-to-syphilis>.
31. Department of Health and Aged Care. *The Pharmaceutical Benefits Scheme - BENZATHINE BENZYL PENICILLIN*. 2023; Available from: <https://www.pbs.gov.au/medicine/item/11755Q>.
32. NACCHO. *NACCHO Aboriginal #SexualHealth News*. 2019; Available from: <https://nacchocommunique.com/2019/09/05/naccho-aboriginal-sexualhealth-news-new-pbs-doctors-bag-listing-for-benzathine-penicillin-to-address-syphilis-outbreak-plus-new-clinician-resource-sti-and-bbv-control-in-remote-communities-clinica/#:~:text=The%20listing%20of%20benzathine%20benzylpenicillin,in%20advance%20of%20a%20consultation>.
33. Cleary, P., *In good hands: the people and communities behind Aboriginal-led solutions*. 2019; Oxfam Australia.
34. Services Australia, *Requested PBS & RPBS Items processed from January 2011 to September 2023 - Item 11755Q*, Services Australia, Editor. 2023, Australian Government, <http://medicarestatistics.humanservices.gov.au/statistics>.

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Date of preparation: May 2024.

Authors: Renae Beardmore, and Isabella Marovich.

Report design: Adam Sorgini

Photo Credits: Cover Photo by Amanda Thorson
Page 13 image by Rene Riegal (Unsplash)

Suggested citation: Evohealth. 2024. *Closing the Medicines Access Gap*. Evohealth, Canberra.

May 2024

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