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The president of the Business Federation of Spanish Pharmacists (FEFE), Luis Maria de Palacio Guerrero, reflects on the sector

*'s key contributions during the COVID-19 pandemic and explains why pharmacists must play a larger role in Spain's healthcare syst*em. *In addition, he reveals why the organisation has "high expectations" of the new European Union funds that are aimed at aiding the economic recovery of the country.*

The last time you spoke to PharmaBoardroom, your main priority was uniting all of the pharmacies in Spain under one FEFE umbrella. How has that progressed?

FEFE managed to achieve this in the first two years of its mandate and has moved to strengthening those relationships and growing the number of associated pharmacies. In order to achieve this, FEFE must provide new, affordable value services.

FEFE believes that pharmacists in Spain have a more relevant place in public health than the role they are currently playing. The profession is prepared to do more for the population beyond dispensing medicines and there are a number of improvements to be made compared to Spain's neighbouring countries.

How did the COVID-19 pandemic influence the Spanish pharmacy sector?

During the worst days of the pandemic in Spain in the first and second waves, all healthcare human resources were directed towards the hospitals. As a result, primary healthcare was left significantly unattended and pharmacies had to deal with the patients and their pathologies and healthcare concerns. This was accomplished despite challenging conditions at the time including a lack of PPE and hydroalcoholic gel. Pharmacies managed to formulate their own hydroalcoholic gel with urgent regulation passed allowing this production.

After these issues had passed came the testing issue for pharmacists. Due to the decentralisation of Spain, FEFE asserted to all administrations that pharmacists should be permitted to test the population rather than only offering self-testing kits for sale. FEFE holds that pharmacists are capable of documenting test results and understands the importance of the result for public health issues. For example, positive asymptomatic cases must isolate to save lives. This was FEFE's claim and continues to be its claim as Spain continues to lack a standardised manner for testing and documenting results.

The vaccination process began in early 2021. Once again, FEFE offered the pharmacies' services to be the administration's vaccination points, spread across the geography of Spain to be more accessible to the population than the hospitals, and reduce the density of gatherings at hospitals. FEFE wishes to use the pharmacies' infrastructure to provide the best healthcare solutions possible which would lead to more frequent and varied use of pharmacies.

Furthermore, there is a World Health Organisation recommendation regarding countries in development with a lack of sanitary manpower that non-sanitary individuals should be trained to vaccinate. Therefore, vaccinations should be trusted beyond medical professionals with short trainings provided to increase the number of individuals that can administer vaccines. There have not been any reasons strong enough to deny pharmacists the ability to provide vaccinations as it is possible in Portugal.

There were no problems vaccinating individuals in Spain due to the high rate of vaccine acceptance in the country. The limiting point in Spain was the access to the vaccines with issues concerning the producers and laboratories to cover the demand. These private companies have achieved incredible feats through record development times, testing, and the minimal health risks associated with these innovations.

Can you introduce CEOE and its mandate?

CEOE is the Spanish Confederation of Business Organisations that represents the Spanish business community. The confederation embraces companies of all sizes including autonomous workers. It is constantly negotiating with the national and regional governments.

Inside the organisation, there are different sectors including healthcare, of which I am the vice-president, which represents private hospitals, healthcare service centres and pharma. The pharma subsector contains all company's associations from manufacturing to dispensing the medicines. This includes Farmaindustria for the manufacturers of products under license, AESEG for generic medicines, Fedifar, the federation of medicine wholesalers, and FEFE with pharmacists. While these activities are conducted in the private sector, medicine supply and dispensing services are heavily contracted by the public sector.

When CEOE meets with political groups or parties, it will include the president of the CEOE healthcare sector and the three vice presidents of the three sectors being hospitals, residents, and pharmaceuticals. CEOE explains its concerns and points of view, primarily, the need to collaborate between the public and private health providers.

As a result of political clashes between the parties, CEOE is victim to political movements such as the push for public health to be provided exclusively by public bodies. This would leave parts of Spain's population that do not have access to nearby public infrastructure unattended. Additionally, certain political parties believe that medicines under patent should be liberated. It is CEOE's duty to prevent these declarations that would reduce the incentive to conduct research and innovate within the sector.

What are your thoughts on the recent EU funding injection into Spanish healthcare and how it should be spent?

We have high expectations for these funds and are collaborating with the government for the documentation and the contents of their plan. However, it is a slow process.

Additionally, the government wishes to take advantage of the funding to modernise the administration. This modernisation will also take place in healthcare with the standardisation of the verification of all medicines. Electronic prescriptions will allow for better access to information,

giving pharmacists the ability to detect issues on a real-time basis regarding medication.

What keeps you excited about Spain’s future?

There are a number of challenges to solve. Spain is a decentralised country with a high cost of administration. However, this is a small cost compared to the funding needed for the public services of pensions, healthcare, and education.

These public services need to be modernised. The level of quality of pensions, healthcare, and education is very high, nevertheless, Spain needs to continue striving for improvements in society through its services. Changing an administration is a complicated challenge with strong resistance due to the decentralisation and all administrations will fight for their own abilities. Therefore, it is unlikely that technology will guarantee greater efficiency and coordination of the country’s administration.

Furthermore, the ageing population will significantly increase the costs associated with pensions and healthcare and is a notable political issue. CEOE’s only political point of view is consistent with its nature to defend the private healthcare providers and that these providers that we represent are capable of being sustainable, affordable, scalable, and profitable. In healthcare, “profitable” is a taboo word. However, if it is not profitable, it is not sustainable. While these are general discussions, these are the factors limiting the ability to overcome the challenges facing the country.

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