

## *Preface*

# Medications We May Not Be Able to Afford

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We have seen tremendous advances in recent years in the discovery, development, synthesis and design of new medications to target diseases at a basic level. The biochemical, molecular and control factors of a particular disease have been greatly explored and, in many instances, solved. The monitoring methods of an illness have been improved and made more measurable and frequently they do not rely on subjective assessment, but rather on solid scientific and objective data.

The design of medications has been revolutionized with more and more input of large team of scientists from the disciplines of pharmacy, chemistry, biochemistry, biology, pharmacology, medicine, molecular biology and nanotechnology. Each and every new original medication released to the market these days is extremely sophisticated and carries the signature of most of the disciplines above. Frequently, the medication targets a specific molecule, gene, gene product, enzyme or some newly identified mechanism responsible in toto or in great part for the disease. This has led to great improvement in treatment and frequently to a cure of a disease which was incurable just few years ago. At the same time, it led to a plethora of new drugs and to an ever-escalating cost of these drugs.

Since we need to control costs for health services, including the cost of new medications, a clear and transparent mechanism needs to be followed in order to achieve that. I was pleased to have participated recently in workshop organized by the World Bank, JFDA and NICE or National Institute of Clinical Excellence from the UK.

Over a period of 3 days, we had long discussions and group workshops to explore methods for minimizing or eliminating medication abuse or misuse as well as maximizing the benefits within a contained cost. While this is not an easy task, we had the chance to look in depth at the UK experience and how we can benefit from it.

While we in Jordan take great pride of being at the cutting edge of applied medicine in the region, we realize that with the escalating cost of medicines the day is not far away when we will not be able to afford the price of some medications despite the great therapeutic benefits of these drugs. Originators of new medicines have placed a very high price on Quality Life Year or (Quality). In fact, the yearly cost of some medicines exceeds \$30000 a year. As a developing country, we will not be able to afford such a high price. As a consequence, we will have to wait for the drug to be out of patency and buy the generic. The big pharma firms must give the developing nations such as Jordan special consideration and lower the prices of new medicines. Alternatively, a policy of sponsoring 20% of patients on the new medication for the 80% who will buy it at the registered price is to be considered.

The long term solution is for the developing nations to invest in research that leads to the discovery of medicines away from the big industrial firms. Unless we take serious measures to move from a policy of importing to that of discovering and inventing, we will be faced with the dilemma of letting or people die because we cannot afford to buy the new medication.

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