Review of drug-related legislation in the Republic of Fiji Islands

Abstract: The development of new drug-related legislation for Fiji commenced in 1996 when two draft Bills, namely the Pharmacy Bill and the Poisons and Therapeutics Goods Bill, which had been based on World Health Organisation (WHO) drafts, were prepared and circulated for comment. During a six-week period in 1998, the consultant analysed comments on the drafts, co-ordinated stakeholder meetings, and provided workshops for the identified major stakeholders. Implementation of the outcomes from the consultancy has been delayed by first, a democratic change in Government and the resulting establishment of new priorities, secondly by a coup with subsequent interim administration, and thirdly by return to democracy with priority reassessment by the new Government.

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Introduction

The Republic of the Fiji Islands is located in the South Pacific Ocean and comprises approximately three hundred separate islands spread over a wide geographical area. The 1996 census report estimated a population of approximately 772,000 people, one quarter of whom live in the Suva / Nausori corridor. The majority of people make their home on the two largest islands of Viti Levu and Vanua Levu. The main ethnic groups in this multiracial society are Fijians, Indians, Rotumans and Others (Chinese, Europeans, people of mixed race).

Following the coups of 1987, a culture had arisen in which the *rule of law* became less evident. In 1997, the report of the Constitutional Review Committee was accepted by Parliament and subsequently, Fiji with a new constitution, rejoined the British Commonwealth.

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Health services in Fiji

For administrative purposes, Fiji's health services are divided into geographical units comprising the Western Division, the Northern Division and the Central/Eastern Division. There are two main streams of activity within the health services namely Primary and Preventative Health Services, and Hospital Services. Pharmaceutical Services and Nursing Services function within both main divisions.

There are twenty nine retail pharmacies in Fiji. These are located in the urban centres of Suva, Nausori, Lautoka, Nadi, Labassa and Rakiraki. In areas where there is no retail pharmacy, the existing legislation permits doctors to both prescribe and supply drugs to patients.

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Whilst the existing Act contains provision for restricting import of drugs into Fiji, this provision is insufficient to enable establishment of a process of Drug Registration with associated controls in order to guarantee safety in medicine use, for the population of Fiji.

The existing Fiji Pharmacy and Poisons Act (cap 115)

The Pharmacy and Poisons Act regulates both the pharmacy profession and the availability of drugs and poisons in Fiji. This Act is now sixty years old with the last major revision having been in 1985, until a more recent amendment in 1997. The deficiencies include:

- the registration of pharmacists both educated in Fiji, and in other countries.
- the registration of pharmacy premises.
- the licensing of importers, wholesalers and drug retailers.
- deregulated access to drugs and restriction of access through a process of scheduling drugs and poisons.
- safety of the population through guaranteeing quality, safety and efficacy of drugs by a process of assessment and drug registration.

- conflict of interest issues for doctors and pharmacists.
- control over practices which compromise rational drug use.
- provision for monitoring adverse drug reactions and alerting practitioners to potential dangers.

Commencement of review process

On 27th August 1996 the Permanent Secretary for Health sent the initial draft Bills to the following Government Ministries seeking their comment and input into the process by 20th September 1996.

- Labour and Industrial Relations
- Public Works Infrastructure and Transport
- Lands, Mineral Resources and Energy
- Regional Development and Multi-Ethnic Affairs
- Youth Employment Opportunities and Sport
- Prime Minister's Department
- Secretary for the Public Service
- Home Affairs and Immigration
- Information Broadcasting and Telecommunications
- Foreign Affairs Tourism and Civil Aviation
- Finance and Economic Development
- Fijian Affairs
- Education Women Culture Science and Technology
- Agriculture Fisheries Forests and ALTA
- Commerce Industry Trade and Public Enterprises

On 21st November 1996 the Permanent Secretary for Health sent the initial draft Bills to the following professional associations seeking their comment and input into the process.

- The Fiji Dental Association
- The Fiji Nurses Association
- The Fiji Veterinary Association
- The Fiji Medical Association
- The Fiji College of General Practitioners
- The Fiji Pharmaceutical Society
- The Fiji Optometric Board

As a result, four written submissions were received, from the Fiji Pharmaceutical Society; the Permanent Secretary for Commerce, Industry, Trade and Public Enterprises (two separate submissions); and the Permanent Secretary for Lands, Mining and Energy.

Establishment of the present consultancy

The present consultancy arose from a request by the Fiji Ministry of Health to AusAID, for funding of the process to review comments to date and to establish draft Bills for regulation of pharmacy practice and for regulation of poisons and therapeutic goods in Fiji. The terms of Reference (TOR) for the consultancy required a consultative process with active stakeholder involvement and the preparation of the two draft Bills as outputs.

Consultant's method

At the commencement of the consultancy in 1998, it was decided to encourage further comment through newspaper advertisements in the English and Fijian newspapers and advertisements on the wireless. The intention was to obtain individual submissions from within the Ministry of Health, other Ministries, Statutory Bodies, Organisations and from individual members of the public.

The major stakeholders were identified and a plan of appointments constructed. It was also felt that certain organisations which are intimately involved in the operation of the existing Pharmacy and Poisons Act should have the opportunity to participate in group format through the provision of workshops and round table discussions.

- Pharmaceutical Society of Fiji
- Society of Hospital Pharmacists of Fiji
- Fiji Medical Association
- Fiji College of General Practitioners
- Fiji Consumers' Council
- Fiji School of Medicine
- Dentists, Veterinarians, Nurses, Doctors, Pharmacists
- Government:
  - Ministry of Health
  - Ministry of Finance
  - Ministry of Foreign Affairs
  - VAT
  - Ministry of Local Government and Environment
  - Attorney General: Solicitor General
  - Ministry of Agriculture, Fisheries, Forests
  - Ministry of Commerce and Industry
  - Ministry of Fair Trading and Consumer Affairs
- Prices and Incomes Board
- Fiji Nurses and Midwives Board
- Fiji Medical Council
- Fiji Pharmacy and Poisons Board
- Health Insurance Companies
- University of the South Pacific
- Wholesalers and drug importers
- Customs and Excise Department

Result

This process of newspaper advertisment and wireless publicity was only partially successful as six further submissions were received, coming from both individuals and from organisations:

- Namaka Health Centre Board of Visitors Community Pharmacy.
- Makan's Drugs & Pharmaceutical Supplies, Wholesalers Lautoka.
- Nadi Hospital Board of Visitors Community Pharmacy.
- Two Retail Pharmacists in Suva.
- Fiji Pharmaceutical Society.
- One Pharmacy Officer in the Ministry of Health.

Fifty five individual appointments were undertaken during the six weeks available. In the final week of the review, the Second Parliamentary Counsel examined penultimate drafts of the two Bills and presented comments.

Formal presentations on the drafts and the on areas where conflicting opinion remained, were made to the Executive of the Fiji Medical Association, the Executive of the Fiji College of General Practitioners, a representative meeting of the Society of Hospital Pharmacists of Fiji, the Pharmacy and Poisons Board, and in a debriefing session to the Fiji Ministry of Health. A third and final workshop, was provided for the Fiji Pharmaceutical Society.

Registration of pharmacists

An amendment to the existing Pharmacy and Poisons Act which permits the registration of diploma in pharmacy graduates from the Fiji School of Medicine, was passed by Parliament in 1997. The Fiji Pharmaceutical Society expressed concern about this activity in relation to the maintenance of standards. It was considered that part of the concern related to the potential reduction through market competition, in the commercial monopoly which the existing pharmacists enjoy.

There was considerable discussion concerning the registration of pharmacists who have qualified in other countries. The Pharmacy and Poisons Board recognised that Fiji is a signatory to the World Trade Organisation and that there must be no tariff or non-tariff barriers to free trade in commodities and services. It was felt however, that public health must be protected, and that all pharmacists must have an education at least equivalent to that provided by the Fiji School of Medicine. The concept applied was that local pharmacist education must become the "gold standard" for preparation to practice in Fiji.

Review of the Fiji Medical and Dental Practitioners Act

This related Act was in the early stages of review and a consultant was expected from New Zealand during 1998 to review the Act and to produce two new draft Bills.

Areas identified by the consultant for consistency in the above mentioned Acts were:

- Clarity of method of prescribing drugs.
- Separation of prescribing from dispensing in the consumer's interest.
- Doctor dispensing when no pharmacist is available.
- Control over importation of drugs and poisons.
- Standard of drugs available in Fiji: drug registration.
- Scheduling of drugs including banned and restricted drugs.
- No fiduciary relationship between doctor and pharmacist.
- Promotion of generic prescribing policy.
- Mandatory generic substitution policy unless the doctor writes on the prescription in his/her own hand the words "no substitution".

Complementary medicines

The term complementary medicine is used to cover Fijian traditional medicines, imported herbal medicines, homeopathic medicines and other ayurvedic medicines including those which are derived from animals, fish and reptiles. All of these products if covered by the Bill definition for medicines or therapeutic goods, would be subject to the requirements of the Bills.

The Permanent Secretary for Health drew attention to the Raratonga Agreement which makes the following statement on traditional medicines:

> " The use of traditional medicine, as defined in the World Health Organisation (WHO) Western Pacific Region programme (herbal medicine, acupuncture and related practices) should be encouraged where appropriate. Steps should be taken to incorporate its use in the health care system."

The consultant found that the Ministry of Health Traditional Medicines Committee had not achieved any of the stated objectives and had apparently become defunct.

Many of the medical practitioners who were interviewed during the review stated firmly that alternative practitioners and acupuncturists must be controlled through legislation in some manner. At present in Fiji, certain acupuncturists have prescribed steroids and thus are potentially endangering public health. In 1995, a businessman had attempted unsuccessfully to import into Fiji a container consignment of herbal medicines which claimed to be a treatment for cancer.

A related problem is that some of the foreign medical practitioners who have been given restricted registration to practice within Fiji have been prescribing unknown products, sometimes by foreign language prescriptions which have been diverted to a person who reads that language. This practice has made monitoring impossible. One such practitioner, although de-registered by the Fiji Medical Council has continued to practice by employing a doctor who writes prescriptions for him.

The Pharmacy and Poisons Board desires that the Trade Related Intellectual Property Rights (TRIPS) Agreement be used to guarantee Fiji ownership of developments from Fiji traditional medicines. WAINEMATE, the organisation which represents Fijian Traditional Healers, wants to protect the intellectual property rights of their medicines and also wants to prevent unskilled persons from selling and recommending the Fijian traditional medicines.

Analytical testing of drugs to ensure quality

The Ministry of Health has an existing arrangement with the Therapeutic Goods Administration (TGA) in Australia which enables the analysis of ten drugs per month selected from those products which are imported for the public sector. This process provides a mechanism to monitor quality and if necessary to recall from availability drugs of inferior or dangerous standard. This arrangement with TGA was approved by Cabinet and ensures that the Ministry of Health meets the requirements of the National Drug Policy in relation to the standard and quality of drugs available to patients. There is no such arrangement to cover those drugs which are imported by wholesalers in the private sector.

Generic drugs

Generic drugs are those which are described by WHO as multi-source pharmaceutical products. When a patent has expired a manufacturer may legally produce drugs of equivalent quality without a brand name. These generic drugs are cheaper than the originator brand as there is no research and development component in their pricing structure. As they are not advertised or promoted as brand name products, they can frequently be 50% cheaper than the originator brand. It is well recognised that countries can save considerable public money by actively promoting the use of generic drugs rather than the use of originator brands.

The Fiji National Drug Policy calls for the use of generic drugs in the public sector and for the promotion of generic drugs in the private sector. There is currently no drug registration process in operation in Fiji, and consequently there is some concern about the standard of certain generic products which are available. This has lead some medical practitioners in the private sector to have the view that generic drugs are permissible in the public sector (because quality is adequately controlled) but that branded drugs are necessary in the private sector (because drug quality is not controlled). Consumers have the view that they want appropriate quality drugs at the cheapest possible price.

It is well recognised that countries can save considerable public money by actively promoting the use of generic drugs rather than the use of originator brands.

The Permanent Secretary has ordered the closure of all medicine shops (known as "community pharmacies") which were originally introduced in association with the government bulk purchase scheme for pharmaceuticals, to assist in the provision of low cost drugs.

Deregulation issues: pharmacy ownership

Both Australia and New Zealand have explored deregulation in relation to pharmacy ownership. The background to this is to prevent the emergence of monopolies and to ensure that quality drugs are available to the public at the cheapest possible price. Following investigation, both countries have decided to restrict pharmacy ownership to pharmacists only. It is felt to be inappropriate for a business person who is the owner to be able to dictate to a pharmacist employee conditions which may not be in the best interest of public health.

Two written submissions were received which called for unrestricted pharmacy ownership, and one further submission requested that ownership be restricted to pharmacists but that they be permitted to own as many as desired.

The existing Pharmacy and Poisons Act permits the ownership of a second pharmacy if this is in the "public interest". The legal interpretation of this term has taken the time of the Board, and resulted in the expense of legal action in order to resolve issues related to restraint of trade, healthy competition and public access to drug therapy.

Deregulation issues: access to medicines by the public

The existing drug schedules which control drug availability to the public are unclear and unsatisfactory in relation to the drug therapy currently available. Verbal reports were made to the consultant that retail pharmacists have been selling prescription drugs without a prescription and have been continuing to repeat prescription drugs for which no repeat had been ordered by the medical practitioner. It appears that some pharmacists have been following Australian or New Zealand drug schedules as the Fiji schedules are so out of date. The current situation is unsatisfactory and it has not been possible to regulate drug availability in the interest of public safety.

The Fiji Pharmaceutical Society would like to see some deregulation so that they can sell certain drugs without a prescription. They believe however, that any deregulation should be at the therapeutic dose and not at a dosage which is lower than that which is generally prescribed for treatment. The Fiji Medical Association is prepared to accept some deregulation but would prefer this not to be for oral medication.

Importers of drugs and wholesalers of drugs

At the time of the consultancy, there were no local manufacturers of drugs in Fiji and all drug therapy was imported. Currently medical practitioners, dentists, pharmacists and veterinary surgeons may, without restriction or application for licence, import drug therapy provided that it complies with the legislative standard (BP or USP). This open import process has made regulation extremely difficult for an under-resourced Ministry of Health inspectorate and has lead to the availability of sub-standard drug therapy in contravention of the legislation.

At present, there are nine registered pharmacy wholesalers in Fiji. Three of these wholesalers are non-pharmacists although one of the three employs a pharmacist in their retail section. Some pharmacists feel that wholesalers should be pharmacists or should employ a pharmacist in the interest of protecting standards and ensuring that there is no illegal diversion of drugs to the community through bypassing medical practitioners and pharmacists. Such diversion would be a danger to public health. The official position of the Fiji Pharmaceutical Society is for wholesalers to either be a pharmacist, or if not, to employ a pharmacist.

The Fiji Medical Association wants medical practitioners to continue to have automatic drug importation rights in the interest of timeliness, reduced cost to the patient, and specialty nature of some products required in small quantity. The pharmacists want to maintain their automatic right to import drugs in the interest of timeliness for products required in small quantity.

The result of the illegal importation has been the compromising of public health in Fiji and the provision of unreasonable price competition.

The costs involved in drug importation are controlled centrally by the Prices and Incomes Board which regulates a 20 percent mark-up at the wholesale level and a 30 percent mark-up at the retail level. Value Added Tax is paid at the import level but may be claimed back on medicines by any licensed importer. Value Added Tax is paid at the retail level but not on those drug items which have been dispensed on prescription. The VAT Unit is considering altering this process so that Value Added Tax would become payable even on dispensed drugs. It was reported to the consultant that some pharmacists have been transferring retail over the counter sales records to the dispensary records and thus have been fraudulently avoiding the payment to Government of the compulsory Value Added Tax which had been collected on Government's behalf from patients.

Standard of drugs

The current standard for drugs in Fiji is British Pharmacopoeia (BP) or United States Pharmacopoeia (USP). Some pharmacists and medical practitioners have been illegally importing drugs of Indian Pharmacopoeia standard. This is an in-country standard which is relevant for India. Although some preparations meet BP or USP standard, overall it is not equivalent. The result of the illegal importation has been the compromising of public health in Fiji and the provision of unreasonable price competition. As the Pharmacy and Poisons Board was unable to regulate this practice due to under-resourcing, annual reminders had been issued to pharmacists, medical practitioners and wholesalers and they were informed of their professional obligations in relation to protecting the safety of the patients. This too, was unsuccessful, and other pharmacists then sought to supply Indian Pharmacopoeia standard drugs so that they could compete in the market place on a *level playing field.*

Guarantee of drug quality through process of drug registration

It addition to the setting of the basic standard for drug therapy, all developed countries have instituted a process of drug registration. Such processes are necessary to consider chemistry, pharmacology, therapeutics, clinical trials, manufacture processes and facilities, for drugs. The process ensures that the quality of drugs is satisfactory and assists in preventing counterfeit products from entering the market place.

Collaboration between drug regulatory authorities and the exchange of evaluation reports can expedite consideration of the regulatory submission. In addition, such collaboration can enable developing countries which do not have the capacity for analysis of data, to regulate drug therapy in a manner which guarantees patient safety and ensures that there is no unsatisfactory delay in making available to their people, advances in drug treatment.

Control over entry of drugs

The Department of Customs and Excise is responsible for the clearance of all drug products which arrive in Fiji by sea freight or by air freight. The customs powers are stated in the Customs (Prohibited Imports and Exports) Regulations 1986. Section 5, item 11 refers to the Pharmacy and Poisons Act and would require adjustment following enactment of the new Poisons and Therapeutics Goods Bill.

The Acting Comptroller of Customs stated that their problems include:

- lack of expertise in the customs officers.
- no specialised inspectors from the Pharmacy and Poisons Board to assist.
- no requirement for an import licence for individual pharmacist and doctor importers.

Drugs can be listed on import documentation by their generic or international non-proprietary name, or by the brand name which is being imported. The customs staff, even with the assistance of manuals, experience difficulty in discerning whether or not the various names are equivalent.

The editorial in the January 1998 issue of Pacific Islands Monthly referred to an unacceptable level of corruption in the Fiji Customs Service. The new Comptroller of Customs took up his appointment during January 1998 and stated that he was currently unaware of corruption. His statement to the media indicated that training for customs officers would be provided, as would the necessary facilities and equipment to enable them to carry out their functions.

Doctor dispensing

Some jurisdictions completely separate the prescription of drugs from the supply of drugs in order to prevent any conflict of interest which may adversely affect patient care. In large countries with sparse population, and in developing countries it is usual to provide a concession which permits certain medical practitioners to supply drugs directly to patients. This is the situation in Fiji under the Pharmacy and Poisons Act, however some medical practitioners have abused the privilege.

The problem has been most acute in Rakiraki and Labassa where medical practitioners have illegally supplied drugs within a 5 km radius of an existing pharmacy. This is unsatisfactory from the patient's point of view as mentioned above, and if left unchecked may lead to the closure of existing retail pharmacies and the emergence of monopoly drug prescribing and supply.

The Fiji Medical Association informed the review that some medicines supplied by dispensing medical practitioners have been unlabelled or merely wrapped in paper.

The Fiji Medical Association informed the review that some medicines supplied by dispensing medical practitioners have been unlabelled or merely wrapped in paper. The Association considers that medical practitioners who are licensed to dispense medicines should supply those medicines in a manner which meets all the requirements of the Poisons and Therapeutics Goods Bill.

The Pharmacy and Poisons Board has addressed the issue and has referred certain medical practitioners to the Medical Council for investigation. The Permanent Secretary for Health has written to the Executives of both the Fiji Medical Association and the Fiji Pharmaceutical Society inviting them to meet and to discuss possible resolution of this difficult issue. The Fiji Pharmaceutical Society made such an overture to the Fiji Medical Association but received no response. The Fiji Medical Association informed the consultant that they are now prepared to meet the Fiji Pharmaceutical Society and to discuss issues of mutual concern.

Some medical practitioners have circumvented the legislation by opening an additional surgery which is outside the 5 km radius, ordering drugs for that surgery, and then supplying the drugs through the existing surgery which is within the 5 km radius. It is also reported that some wholesalers have continued to supply drugs to medical practitioners even after receipt of written instruction from the Pharmacy and Poisons Board instructing them to cease the practice.

Labelling of dispensed medicines

The regulations to the Poisons and Therapeutics Goods Bill would list the requirements for labelling of medicines. The Fair Trading Decree covers matters such as expiry date and general labelling provisions.

It is considered that all labels for dispensed medicines should be generated by typewriter or computer. The Prices and Incomes Board desires the price of all dispensed medicines to be printed on every label.

In a multi-ethnic society like Fiji, there should be investigation into computer programmes which can automatically generate labels in English, Hindi and Fijian as appropriate.

Control of pesticides and related poisons

Pesticides imported into Fiji are registered by the Registrar of Pesticides according to the provisions of the Pesticides Act (cap 157). The availability and storage of pesticides is controlled through scheduling according to the provisions of the Pharmacy and Poisons Act (cap 115). Briefing to the consultant was to continue the current arrangement in relation to poisons. In year 2000 however, this approach was altered and the Ministry of Health would now like to see regulation of poisons separated from regulation of therapeutic goods.

As Fiji has a large agriculture sector, the use of pesticides and herbicides is frequent. Paraquat is used in conjunction with the growing of darlo, glyphosate in association with other crops, and methyl bromide in association with tobacco.

The Ministry of Health has had previous discussion with the Ministry of Agriculture, Fisheries and Forests concerning paraquat however it has proved impossible to achieve a ban on paraquat availability. The Ministry of Health achieved success with dichlorodiphenyltrichloroethane (DDT) which Cabinet banned in 1997. The Pharmaceutical Services section of the Ministry of Health now monitors every importation of paraquat.

A new Bill, the Sustainable Development Bill, is being developed by the Department of the Environment. This Bill, when enacted, will ban various products possibly including methyl bromide. Methyl bromide is currently given import permission under the provisions of the Pharmacy and Poisons Act. The Department requested liaison with the Ministry of Health so that products banned by either agency would not be given an import certificate by the other agency.

Health insurance issues

There are two main health insurance companies in Fiji. One Insurers covers drug therapy for acute illnesses only. In order to keep premiums as low as possible, this insurer reimburses the pharmacist to the level of generic drug cost, so the patient must pay the gap. The co-payment is one dollar per prescription.

The other insurer operates a capitation scheme with medical practitioners. Insurance covers prescription medication for outpatient visits and does not cover medication for inpatient use when the patient is admitted to paying ward. By implication, the insurance does not cover e.g. paracetamol for dengue fever. There is a patient co-payment of $1. Until recently this insurer did not deal directly with pharmacists and this had lead to an inappropriate fiduciary relationship between medical practitioners and pharmacists.

Fees and fines

Existing fees and fines under the Pharmacy and Poisons Act are not in accordance with current Fiji values. As a result, the fees do not support the services provided, and the fines do not discourage infringement of the legislation.

It is generally considered that services provided by government to the private sector, e.g. the issue of import certificates or the approval of premises, should be subject to cost recovery principles. It is also accepted that fines should be at a level which actively discourages illegal practices.

In a Ministry of Health cost recovery exercise during 1995/96 it was estimated that fees and fines for the existing Pharmacy and Poisons Act should be increased by 200 percent.

The First Parliamentary Council informed the review that fines should be set at a level two to three times that actually desired. This would enable Parliament to set the maximum fine, and for the court to then determine the appropriate penalty. A higher than necessary fine allows for second and third offences to be fined at a higher level. It was stated that prison terms do not inflate and could be defined in a manner consistent with the existing Act.

Discussion and conclusion

The plan followed for this legislation revision can be summarised as:

- Research of existing legislative information and relevant publications.
- Achievement of an understanding of the local situation.
- Preparation and circulation of draft Bills for comment (Bibliography references 1 and 2).
- Identification and involvement of all stakeholders.
- Repeated committee and behind the scenes (what Baume and Degeling call *understage*) discussions (Bibliography reference 17).
- Achievement of ninety percent agreement on all contentious issues.
- Policy analysis and final decisions.
- Preparation of final drafts and presentation to the Ministry of Health.
- Debriefing with Ministry of Health and major stakeholders at which justification of decisions is presented.

The major challenge for a consultant in the South Pacific is to achieve community involvement and comment within the time available, so that the final result will be a consensus which is suitable for the local situation and not merely something imposed from the reviewer's perspective and experience.

Of the publications to which reference was made, the most useful were the WHO drafts and the Jayasuriya publication on regulation of pharmaceuticals. These publications are recommended to reviewers engaged in the preparation of Bills for pharmacy practice and for therapeutic goods regulation. The major challenge for a consultant in the South Pacific is to achieve community involvement and comment within the time available, so that the final result will be a consensus which is suitable for the local situation and not merely something imposed from the reviewer's perspective and experience. This involvement was promoted through the circulation of five consecutive drafts and the elaboration of implications at the stakeholder and workshop meetings. Support for various points of view was canvassed at *understage* meetings thus ensuring easier and more rapid consensus at the committee stage.

The final result has been the preparation of two draft Bills which when enacted, will be administered by the Ministry of Health but with pharmacist and consumer involvement. Prior to presentation of the Bills to Parliament, the Government changed following an election, but this government was removed by the President following an armed attack on Parliament and the holding of all Parliamentarians as hostages. Democracy has now returned to Fiji but it is unknown when the redrafted Bills may be presented to Parliament.

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Twixt failure and success the paint's so fine
Men sometimes know not when they touch the line

Anonymous poem 'Don't Give Up'