

Beyond Financial Health: Community Pharmacy Sustainability and Access to Affordable Medicines

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Publication history

Received: September 4, 2026

Revised: October 6, 2026

Accepted: October 10, 2026

Published: October 11, 2026

International Journal of Sustainable and Integrated Studies, Volume 1, No. 3, pp. 1-3, October 2026

Abstract

Community pharmacies must remain financially viable without weakening access to affordable medicines. This public commentary examines Panga and Galvez's survey of financial sustainability practices among small and medium-scale pharmacies in Naga City. The study provides useful local evidence on cost optimization, customer needs, inventory management, staffing shortages, drug costs, and regulatory requirements. Its conclusions, however, are based on employee perceptions rather than verified financial and patient-access outcomes. Interpretation is further limited by unclear establishment-level sampling, unequal respondent access to financial information, and incomplete reporting of inferential statistics. Future research should treat the pharmacy as the principal unit of analysis and pair objective financial indicators with stockouts, prescription fulfillment, generic availability, and medicine affordability. This approach would provide stronger evidence for policies that support business continuity and equitable access to medicines.

Keywords: Community Pharmacy; Financial Sustainability; Medicine Access; Patient Affordability; Small and Medium Enterprises

Article discussed: Panga, D. L. D., & Galvez, S. M. (2026). The financial sustainability of small and medium-scale pharmacy businesses in Naga City. *International Journal of Sustainability and Advanced Integrated Research*, 2(2), 3288-3293. <https://doi.org/10.65339/ijsair.V2.I2.575>

1. Introduction

Community pharmacies occupy a dual position as healthcare providers and commercial enterprises. Their financial survival supports a continuous medicine supply, adequate staffing, regulatory compliance, and professional pharmacy services. However, decisions intended to control costs can also affect medicine availability and affordability. The Philippine Universally Accessible Cheaper and Quality Medicines Act recognizes access to affordable, quality medicines as a public interest (Republic of the Philippines, 2008). The World Health Organization similarly identifies high prices, shortages, and stockouts as barriers to access (World Health Organization, n.d.). Panga and Galvez (2026) therefore address a timely question by examining the financial sustainability practices and challenges of small and medium-scale pharmacies in Naga City.

2. Overview of the Reviewed Study

2.1 Methods

The researchers employed a descriptive-evaluative and inferential survey design. The 197 respondents included pharmacy owners, managers, pharmacists, cashiers, and accounting personnel selected through stratified random sampling. A researcher-developed, five-point questionnaire assessed investment and planning, customer needs, cost optimization, revenue and expense management, inventory management, and financial challenges. The instrument was pilot-tested for clarity, relevance, and suitability. Data were analyzed using frequencies,

percentages, weighted means, rankings, and the Mann-Whitney U test. The published report did not specify the number of participating pharmacy establishments, the number of respondents from each establishment, or the allocation between small and medium-scale pharmacies.

2.2 Findings

All five sustainability practices were rated "much evident." Cost optimization received the highest mean score (4.25), followed by meeting customer needs (4.24), revenue and expense management (4.21), inventory management (4.21), and investment and planning (4.20). Staffing shortages were the highest-rated challenge (3.42), followed by drug costs (3.33), regulatory compliance (3.17), operating expenses (3.05), and supply-chain problems (2.98). The authors reported significant differences between small and medium-scale pharmacies across the examined practices and challenges. Most respondents represented sole proprietorships, pharmacies with one to nine personnel, and businesses operating for one to ten years.

3. Commentary

The study contributes locally relevant evidence from a sector that is essential to medicine access but receives limited attention in health-services research. Including respondents with managerial, professional, financial, and customer-facing responsibilities also provides insight into how sustainability is perceived across pharmacy roles. Its findings, however, should be interpreted primarily as perceptions of business practices rather than direct evidence of financial sustainability. Financial health ordinarily requires measures such as liquidity, profitability, leverage, operating efficiency, cash flow, gross margin, inventory turnover, expiry losses, and accounts payable and receivable. Research among community pharmacists has demonstrated the usefulness of organizing financial assessment around these domains (Abu Assab et al., 2024). The term "monthly income" also requires clarification because it may refer to sales revenue, gross profit, or net income, which represent markedly different business outcomes.

The unit of analysis warrants particular attention. Conclusions concern pharmacies, but the observations were collected from individual employees. Several respondents may have evaluated the same establishment, making their responses correlated rather than independent. Owners and accounting personnel may also have greater access to financial information than pharmacists or cashiers. Reporting the number of pharmacy establishments, respondents per establishment, group sizes, and criteria used to classify small and medium businesses would strengthen interpretation. Establishment-level aggregation or multilevel analysis would be appropriate when multiple employees represent one pharmacy.

The inferential findings also require fuller reporting. Exact Mann-Whitney U statistics, p values, effect sizes, and group-specific medians and interquartile ranges would allow readers to determine whether statistically significant differences are meaningful in practice. Evidence of content validity and reliability for the researcher-developed instrument would further support the reported scores.

Most importantly, affordable patient care was not directly measured. Cost optimization may reflect efficient procurement and reduced waste, but it could also involve limiting personnel, services, or inventory. Future studies should pair financial indicators with stockout frequency, prescription-fill rates, generic medicine availability, patient prices, waiting times, and continuity of access. A financially sustainable community pharmacy should remain not only operational, but also capable of providing reliable and affordable medicines to the population it serves.

4. Implications for Practice and Research

4.1 Practice

Community pharmacies should monitor financial performance together with medicine availability, stockouts, generic options, prescription fulfillment, and patient affordability.

4.2 Research

Future research should treat each pharmacy as a business unit and combine verified financial records with patient-access outcomes.

5. Conclusion

Panga and Galvez provide a useful starting point for understanding how local pharmacy personnel perceive financial sustainability. Stronger establishment-level sampling, complete statistical reporting, objective financial measures, and direct indicators of medicine access would allow future research to determine whether business sustainability is being achieved without compromising affordable patient care.

6. Compliance with Ethical Standards

Conflict of interest. The author declares no conflict of interest.

Funding. No external funding was received for this commentary.

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