Access to Essential Medicines – WHO update

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Overview

- Access and UHC
- GSPOA and Innovation
- Prequalification
- Next steps
Universal Health Coverage (UHC)

The goal of Universal Health Coverage (UHC) is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

Main features:

- A strong, efficient, well-run health system that meets priority health needs
- Affordability – a system for financing health services to avoid financial hardship
- Access to essential medicines and technologies to diagnose and treat medical problems.
- A sufficient capacity of well-trained, motivated health workers to provide the services needed
Three dimensions to consider when moving towards UHC

Health systems financing: the path to universal coverage.
Why a focus on medicines?

- Between 20% and 60% of total health expenditures in LMIC goes to medicines.
- In LMIC countries, up to 80 to 90% of medicines are purchased out-of-pocket as opposed to being paid for by health insurance schemes.
- In many LMIC out-of-pocket expenditures for health account for more than 50 per cent of total health spending.
- Average availability of selected generic medicines in LMICs:
  - public sector less than 42%.
  - private sector almost 72%.
<table>
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<tr>
<th>Ten leading sources of inefficiency in health systems</th>
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<td>Ref: World Health Report 2010, Chapter 4</td>
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<table>
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<tr>
<th>Medicines: under-use of generics and higher than necessary prices</th>
<th>Medicines: use of sub-standard and counterfeit medicines</th>
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<tr>
<td><strong>Medicines: inappropriate and ineffective use</strong></td>
<td>Services: inappropriate hospital size (low use of infrastructure)</td>
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<tr>
<td>Services: medical errors and sub-optimal quality of care</td>
<td>Services: inappropriate hospital admissions and length of stay</td>
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<td>Services &amp; products: oversupply and overuse of equipment, investigations and procedures</td>
<td>Health workers: inappropriate or costly staff mix, unmotivated workers</td>
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<td>Interventions: inefficient mix / inappropriate level of strategies</td>
<td><strong>Leakages: waste, corruption, fraud</strong></td>
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Affordability to patients

Number of days' wages needed by the lowest-paid unskilled government worker to pay for 30 days' treatment for hypertension and asthma, private sector

Source: World Health Organization/Health Action International, using data from medicine price and availability surveys undertaken from 2007 to 2013 using the WHO/HAI methodology (http://www.haiweb.org/medicinesprices). n=number of countries. Captopril 25mg tab x2/day; Salbutamol 100mcg/dose inhaler, 200 doses (1) Rio Grande do Sul State, (2) Tatarstan Province, (3) NCT Delhi, (4) Shaanxi Province
Access to quality assured medicines as part of health services coverage

1. Rational Selection and use
2. Affordable prices & Sustainable financing

Policy & Governance of systems

3. Assured quality
4. Reliable & efficient supply chain
WHO Strategy on access to medicines

- Evidence-based selection of a limited range of medicines
- Efficient supply and procurement of quality assured medicines
- Affordable prices
- Effective distribution networks
- Rational/responsible use of medicines
Access to medicines – a renewed focus

- WHO has recently added Direct-Acting-Antivirals for Hepatitis to the **Model List of Essential Drugs 2015**, a strong signal that they should be available at reduced price.

- The list consists of two parts:
  
  - **a core list**, which presents a list of the *most efficacious, safe and cost-effective* medicines for priority conditions.
  
  - **a complementary list** of essential medicines for priority diseases for which specialized diagnostic or monitoring facilities or specialist medical care and training are needed.

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**WHO Essential Medicines**

- Daclatasvir (Daklinza, Bristol-Myers Squibb)
- Dasabuvir (AbbVie)
- Harvoni (ledipasvir/sofosbuvir, Gilead Sciences)
- Ribavirin
- Simeprevir (Olysio, Janssen Pharmaceuticals)
- Sofosbuvir (Sovaldi, Gilead Sciences)
- Viekira Pak (dasabuvir/ombitasvir/paritaprevir/ritonavir, AbbVie)

2015 Model List includes the newest treatments for hepatitis C virus infection.

- Focus on 17 countries in Africa

- Result areas
  - Improved availability and supply of selected medicines
  - Reduced medicines prices and improved mechanism for financing and coverage of essential medicines
  - Improved quality of medicines and reduced occurrence of substandard medicines
  - Improved medicines selection, prescribing, dispensing and use
  - Improved access to reliable country information, NMP and plans, transparency and good governance

- Promote new thinking on innovation and access to medicines

Not all needed medicines are currently available – neglected diseases, medicines in appropriate formulations for children are examples

- Needs-driven essential health research and development relevant to diseases which disproportionately affect developing countries

- Public health R&D and innovation agenda is also addressed through EU funded initiatives like the Priority Medicines for Europe project (2013)
Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

**WHA66.22**

- A strategic workplan was adopted:
  - Establishment of global observatory on health R&D
  - Identification and implementation of a few health R&D demonstration projects
  - Exploration of financing mechanism
  - Exploration of coordination mechanism

- Global open-ended meeting prior to WHA in 2016 "to assess progress and continue discussions"
WHO/EC Project:

“Improving access to medical products in developing countries through building capacity for local production and related technology transfer”

- **Phase I** - Identified main trends and barriers to local production of pharmaceuticals, vaccines and diagnostics. Published 8 reports. (2009-2011)

- **Phase II** - Activities to promote greater policy coherence between government policies that affect the local production in order to improve access. (2012-2015) – *example* Ethiopia
Medicines of assured quality

Prequalification program is flagship WHO activity which:

- Provides evaluation and inspection activities
- Supports national capacity building for sustainable manufacturing and monitoring of quality medicines.
- Evaluates quality, safety and efficacy of medicinal products, based on information submitted by the manufacturers, and inspection of the corresponding manufacturing and clinical sites.
- Ensures prequalification of sources of active pharmaceutical ingredients and quality control laboratories of pharmaceuticals.

One of the key output is identification of suppliers of quality assured medicines for HIV, TB, Malaria and Reproductive health products.
Access to medicines – unfinished agenda

- Patients with **HIV, TB, malaria** untreated or sub-optimally treated
- **MDR-TB** poses significant threats to management of TB
- Unmet needs of **mothers and children** for essential medicines and reproductive health commodities
- **Global challenges of non-communicable diseases**; poorest countries are dealing with double burden of communicable and NCDs
- Providing **access to cancer therapies** and other high cost medicines
- Managing **responsible use of antimicrobials** to deal with problems of antimicrobial resistance

*World Health Organization*
Access to medicines – a renewed focus

- WHO will continue to **support Member States** to deal with the ongoing and complex issues regarding access to essential medicines within UHC framework.

- WHO will work with MS and other competent international organizations, on a **"public health driven R&D agenda"** in line with GSPoA and CEWG (including technical support to Member States – at their request - that intend to make use of the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS)

- WHO contribution to **UN High Level Panel on Access to Medicines**