POLICY BRIEF: STRENGTHENING EFFORTS TO IMPROVE ACCESS TO AND AFFORDABILITY OF MEDICINES AND TECHNOLOGIES IN THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

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This policy brief is one of five relating to the commitment by Heads of State and Government at the High Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in September 2011 to call upon the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs). A separate discussion paper summarises lessons learnt to date and possible approaches to support Member States to realize this commitment. All papers are available on the website of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) http://www.who.int/nmh/ncd-coordination-mechanism/en/.

SUMMARY

- Initiatives involving the private sector aimed at improving access to safe, efficacious and affordable medicines for noncommunicable diseases (NCDs) are currently insufficient to make substantial progress in NCD prevention and control.
- Private Sector efforts should be encouraged and sustained within the framework of Universal Health Coverage and aligned with local health systems orientation, particularly in low-resource settings.
- Such activities may involve Public-Private Partnerships in the following areas:
  - Increased and sustainable international and domestic financing for essential medicines for NCDs
  - Provision of equitable patient-centred primary health care for the management of NCDs, including palliative care
  - Local manufacture, supply, distribution and storage of essential medicines for NCDs.

PURPOSE

This policy brief outlines progress made by Member States and non-state actors in realizing the commitment to call upon the private sector to contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases. It sets out where we stand today, identifies any barriers and challenges to progress, and summarizes which approaches have best driven progress.

BACKGROUND

In September 2011, Heads of States and Government committed to call upon the private sector to improve access to and affordability of essential medicines and basic health technologies in the prevention and control of NCDs. In July 2014, the UN General Assembly

1 See paragraph 44(e) of resolution A/RES/66/2 http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

WHO global co-ordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD)
reviewed progress achieved with the prevention and control of NCDs, and acknowledged that limited progress had been made in response to the commitment to call upon the private sector.

To accelerate national efforts to address NCDs, the World Health Assembly adopted nine concrete global targets for 2025, and endorsed a set of actions organized around the WHO Global NCD Action Plan 2013-2020 that, when implemented collectively by Member States, international partners and WHO, will help to attain a global target of a 25% reduction in premature mortality from NCDs by 2025 and achieve the commitments made by Heads of State and Government in September 2011.

The ninth target of the global action plan is to achieve at least an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities. The corresponding indicator that will be used to measure progress is the percentage of public and private facilities that have a minimum list of essential medicines and basic health technologies to treat NCDs.

**WHY IS ACCESS TO AND AFFORDABILITY OF MEDICINES AND TECHNOLOGIES FOR NCDS IMPORTANT?**

NCDs currently result in more than 14 million premature deaths (deaths between the ages of 30 and 70 years) every year, with about 85% of these deaths occurring in low-and middle-income countries (LMIC). Essential medicines, including generics and basic health technologies, are integral parts of the health care services needed for the prevention, treatment and ongoing management of NCDs.

In many LMIC, availability of these medicines has been generally poor to date. In situations where medicines have been available, the out-of-pocket costs have proven to be beyond the reach of many patients, many of whom slide into poverty as a consequence. Improving the availability and affordability of essential medicines for NCDs will reduce morbidity and mortality, as well as protect patients from catastrophic spending that can result from the relatively high and often ongoing cost of the medicines.

**APPROACHES TO IMPROVE THE AVAILABILITY AND AFFORDABILITY OF MEDICINES FOR NCDS**

WHO has developed a framework with four components that combine to ensure equitable access to quality, safe and cost-effective medicines: rational selection of medicines; affordable pricing; Universal Health Coverage and sustainable financing; and reliable health and supply systems. These four pillars also provide Member States with a framework for strengthening engagement with the private sector regarding essential medicines, taking into account the local context and best avenues for interaction with the private sector.

In addition, the WHO Global NCD Action Plan 2013-2020 includes policy options for Member States to support the achievement of this target. It sets out options that resonate with the elements of the access framework as they are relevant to medicines and technologies for NCDs:

- Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of NCDs including, *inter alia*, increased access to affordable,
safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities

- Adopt evidence-informed country-based strategies to improve patient access to affordable medicines (for example, by including relevant medicines in national essential medicines lists, separating prescribing and dispensing, controlling wholesale and retail prices through regressive mark-up schemes, and exempting medicines required for essential noncommunicable disease interventions from import and other forms of tax, where appropriate, within the national context)
- Promote procurement and use of safe, quality, efficacious and affordable medicines, including generics, for prevention and control of NCDs, including access to medicines for alleviation of pain for palliative care and vaccinations against infection-associated cancers, through measures including quality assurance of medical products, preferential or accelerated registration procedures, generic substitution, preferential use of the international non-proprietary names, financial incentives where appropriate, and education of prescribers and consumers.  

WHAT PROGRESS HAS BEEN MADE AND WHAT ARE THE BARRIERS TO PROGRESS?

Governments are primarily responsible for addressing NCDs, including ensuring access to essential medicines and technologies. Governments have committed to implementing policies and taking action to ensure that patients get access to affordable health care, including medicines to treat and control NCDs.

However, governments also need the contribution and cooperation of the private sector, as well as intergovernmental organisations (IGOs) and civil society organisations, to ensure essential medicines and basic technologies for NCDs are available and accessible.

The private sector, in conjunction with governments and with international public support, has been instrumental in ensuring wider access to medicines for communicable diseases. However, the impact of private sector contributions to improving access to essential medicines and basic health technologies for NCDs has been limited to date and not well documented, despite the potential for a significant contribution.

For-profit organisations have used corporate social responsibility initiatives and, more recently, the creation of shared value propositions with governments and other stakeholders, for example non-governmental organisations (NGOs), as a means of creating social and economic value as part of the same core business activity. The existing contribution of the private sector is considered under four separate areas.

1. **Supply Chain Management and Health Systems Strengthening.** The private sector has contributed to strengthening supply chains in many settings. Multinational companies with expertise in the distribution of products have worked closely with UN agencies and local health authorities to help distribute medicines to previously inaccessible and remote locations. It is not clear if, or by how much, this approach has been extended to the distribution of medicines for NCDs. Public-Private partnerships using private

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expertise to maintain public cold chains have also been documented. The cold chain transportation of insulin, cancer vaccines and other medicines to primary health care centres could be facilitated through such schemes, while ensuring that the local supply chains are integrated with such operations.

2. **Donation schemes.** Donations, in cash and kind, have been used by the private sector to improve access to NCD medicines. A handful of pharmaceutical companies, international agencies and private donors have been involved in the financing and donation of NCD medicines to communities and countries (see example below). In special situations, such as during emergencies or targeted provision of medicines to specific underserved populations, donation schemes can help to alleviate suffering temporarily. However, solutions to the broader access challenge are beyond the scope of medicine donations, which may prove unsustainable in the long run or even harmful to health systems if not properly implemented.

The International Diabetes Federation’s ‘Life for a Child’ programme supports over 15,000 children and youth in 48 countries around the world by offering care for diabetes, including the provision of insulin vials, syringes and blood glucose monitoring equipment. It works with private sector organisations, including for-profit businesses, which provide cash and in-kind donations.


3. **Medicines Research and Development.** Of the four major NCDs, cancer has the most new drugs and vaccines in development, with relatively fewer new medicines being developed for cardiovascular disease, asthma and chronic respiratory pulmonary diseases, and diabetes. So saying, many of the essential medications for these latter diseases are now very cheap and of proven effectiveness, so there is less immediate need for new products. On the policy front, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), which represents the research-based pharmaceutical industry, has been involved in the development of policies that promote Public-Private Partnerships to improve access to medicines for NCDs.

4. **Medicines financing and Universal Health Coverage.** There have been calls to extend health insurance coverage to include the provision of essential medicines to more individuals, particularly poor and vulnerable people. However, systems that operate mainly on employee-based contributions or private health insurance schemes with voluntary contributions do not assist the poor and marginalised. Access to medicines for communicable diseases on the other hand has enjoyed more support from the private sector in terms of medicine donations and financing. There is no recognised global financing mechanism to enhance access to NCD medicines and there are opportunities for international agencies and governments to work closely with the private sector in this area. Any proposed initiatives should take into consideration the chronic nature of

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4 [http://www.idf.org/lifeforachild/the-programme](http://www.idf.org/lifeforachild/the-programme)
NCDs, the need for equity and long-term sustainability in countries, and the elimination of direct payments for essential healthcare and medicines.

Governments and public sector stakeholders have an opportunity to build on existing private sector initiatives, including through collaborative partnership programmes or supporting direct contributions in a fair and equitable manner. The establishment of public-private partnerships that provide sustainable access to quality and low-cost medicines and technologies to treat patients with NCDs can help to bridge access gaps and mitigate high costs of medicines and treatment (see example below).

The Sawai Man Singh (SMS) hospital in India is run by the local government of Rajasthan through the Rajasthan Medical Relief Society. Faced with the challenge of providing modern facilities for cancer treatment, it set up a Public-Private Partnership with a for-profit organisation to build, install and run a Linear Accelerator Treatment Centre. The government negotiated the prices with the bidders as part of the tendering process, with provision to include free treatment for a certain number of patients who are too poor to afford the cost of treatment. The centre has treated more than 200,000 patients for free since the inception of the programme.

Source: Center for Health Market Innovations.

A number of barriers to progress have been identified to date:

- Resources are currently prioritised on initiatives addressing the ongoing challenges of communicable diseases and maternal and child health, which are part of the Millennium Development Goals. Thus, NCDs are potentially competing with these and other important global health issues; a health systems strengthening approach is essential to overcome this challenge.
- Differing motives of the public and private sectors – this is particularly relevant to the often competing priorities of Universal Health Coverage and private businesses. For instance, private health insurance schemes are required to make a profit for shareholders and premiums are likely to be unaffordable by the poorest members of society.
- Constrained capacity of governments to engage with the private sector – the knowledge, capacity, financial and human resources necessary to engage the private sector are scarce in many countries. Governments often struggle to provide the right platforms to progress the agenda, for example infrastructure to enhance local manufacturing of safe, quality and cost-effective essential NCD medicines. In addition, policies designed to implement fair trading practices for disadvantaged countries are often disputed at the international level.
- Inadequate legal and regulatory frameworks – the lack of comprehensive medicines legislation has been identified as a particular issue in many African countries, leading to the development of the African Medicines Regulatory Harmonization Programme (AMRH). A Model Law is being developed to contribute to increased access to safe, quality and affordable medical products and technologies to people in Africa. Through its enforcement, effective medicines regulation will promote and protect public health.

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5 http://healthmarketinnovations.org/program/linear-accelerator-centre-radiation-oncology-treatment
6 http://amrh.org/
by ensuring that drugs are of the required quality, safety and that they are properly manufactured, stored, distributed and dispensed. Better regulation will also ensure that health professionals and patients have the necessary information to enable them to use medicines rationally, as well as detect illegal manufacturing and trade of drugs.

- Even when medicines for NCDs are available and affordable, public and private hospitals in countries face a number of challenges that may undermine equitable access. In public centres where publicly-funded treatment is offered, staff and facilities may be overwhelmed with high patient loads. In some cases, a lack of essential medicines and technologies, coupled with other factors like payment of so-called informal fees, has resulted in gradual mistrust causing patients to seek alternative means of accessing the care they need. Patients often resort to private hospitals and pharmacies or even traditional healers to seek health care, which often leads to high out-of-pocket payments.

**WHICH POLICIES AND PROGRAMMES HAVE BEST DRIVEN PROGRESS?**

Partnerships and collaborations across a range of multi- and inter-sectoral activities have been used by governments to engage the private sector in promoting access to medicines for NCDs. Private businesses have contributed to improving access to NCD medicines through their direct business operations and through Corporate Social Responsibility or similar initiatives. Experience to date shows that progress is likely to be achieved where initiatives are guided by the principles outlined below:

- Strong interest of participating stakeholders in improving access to medicines for NCDs
- Clarity of purpose and a clear strategic plan
- Clear planning and allocation of resources and responsibilities between the private and public sector stakeholders involved
- Application of clear and agreed ethical values, open knowledge sharing and efficient management of conflicts of interests
- Use of sustainable innovative business models that explicitly include benefits for the poor
- Transparent monitoring and evaluation of partnership activities.

As the private and public sector contributions to improving access to medicines and technologies for NCDs continue to evolve, a clear understanding of respective roles, coupled with careful balancing of interventions from both sides, will lead to more successful outcomes from access initiatives involving the private sector. Experience with communicable diseases demonstrates that successful partnerships are possible and able to contribute significantly to increasing access to essential medicines and technologies.
FOR FURTHER READING


About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives. Under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see http://www.who.int/nmh/ncd-coordination-mechanism/en/