



Essential Medicines in Developing Countries

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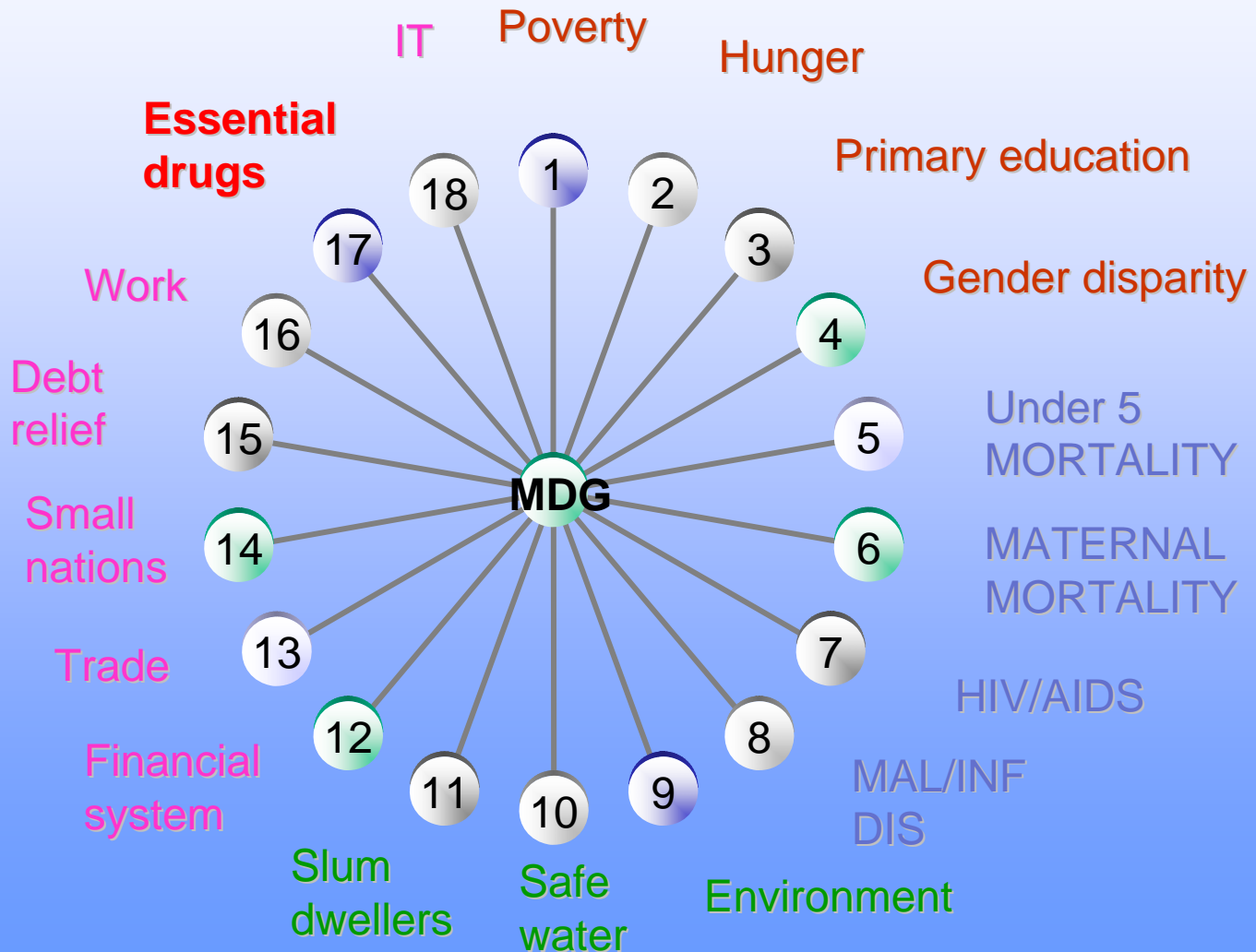
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Outlines

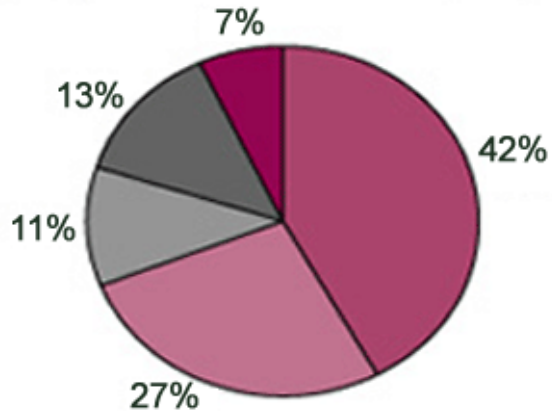
- Progress of MDG Target 17 - too many people still lack access to essential drugs.
- The importance of the Essential Medicine concept for the key components of pharmaceutical policies on all levels: “access”, “affordability”, “quality” “equity” and “rational use”.
- Crises and threats to medicine access.
- International initiatives to improve access to medicines in developing countries.
- Conclusions

Progress On Health MDG's Is Too Slow, Particularly In Low-Income Countries

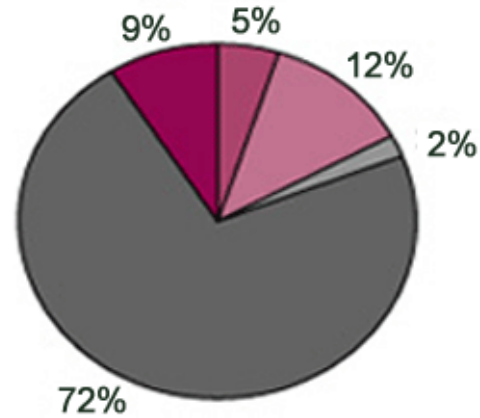


Imbalance

WORLD DRUG MARKET
(US\$406 billion in 2002)



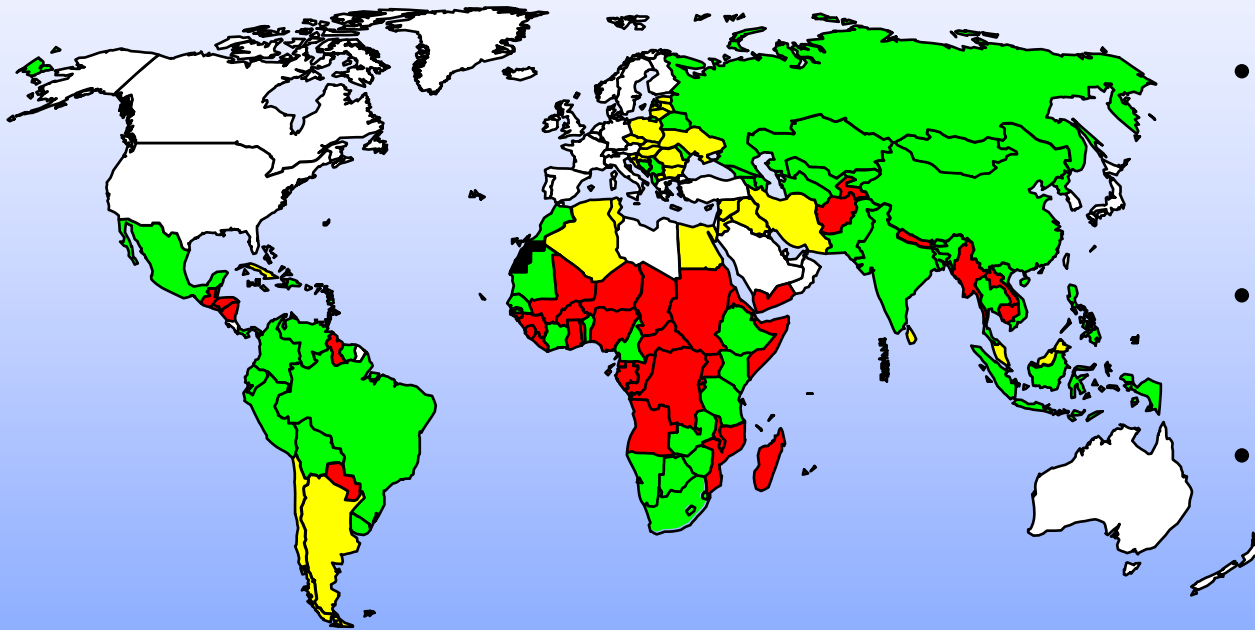
WORLD POPULATION
(Six billion people in mid-2001)



- North America
- Europe
- Japan
- Africa, Asia and the Middle East
- Latin America

Sources: IMS Health/Population Reference Bureau

Despite the potential health impact and expenditure, too many people still lack access to essential drugs

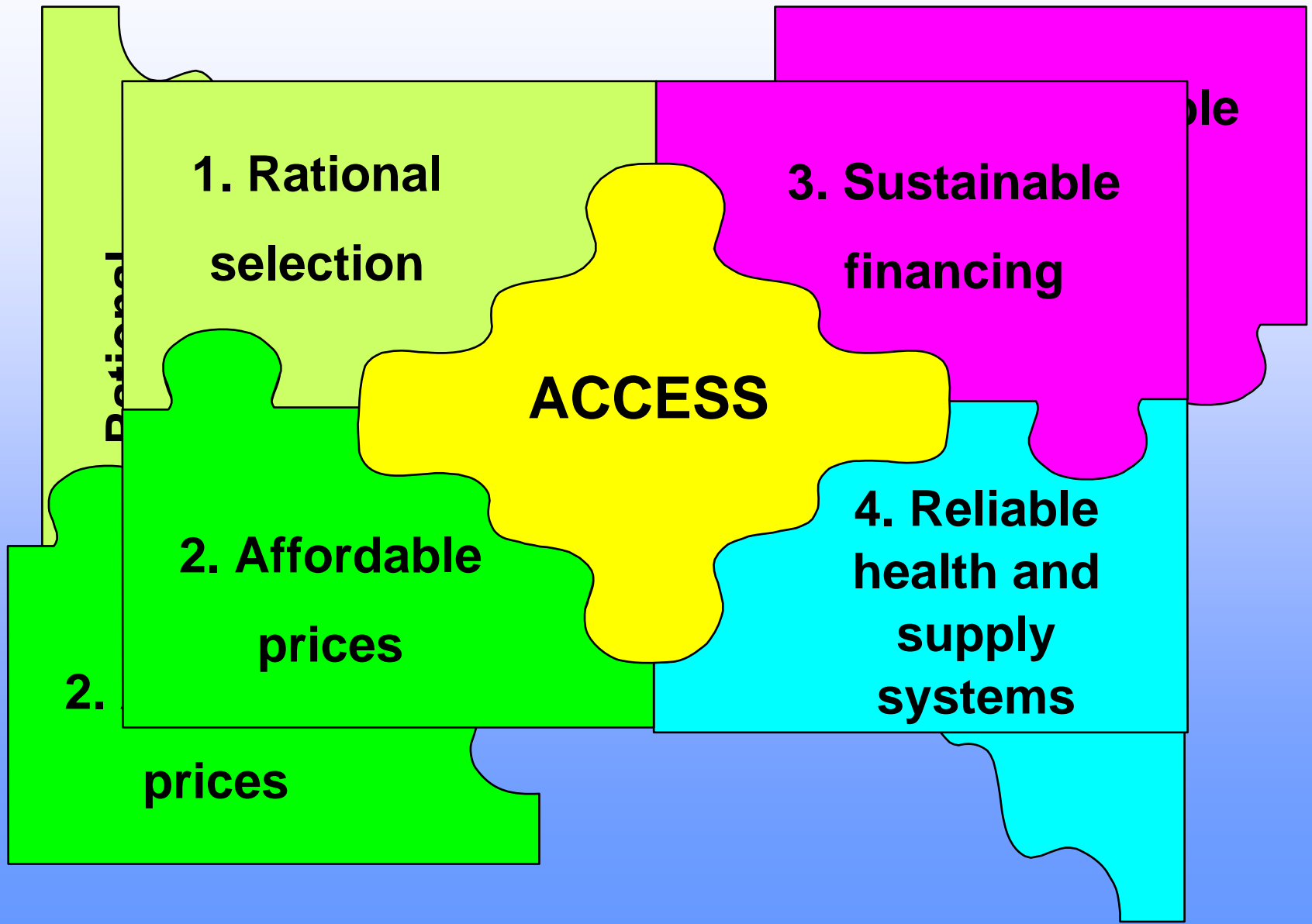


- >1/3 of world's population lacks regular access
- 320 million in Africa have <50%
- Problem worsens with economic pressures

Percentage of populations and number of countries with regular access to essential drugs:

■ 1 = <50%	(43)
■ 2 = 50-80%	(64)
■ 3 = 80-95%	(30)
■ 4 = >95%	(41)
■ 5 = No data available	(1)

Increasing access to essential drugs
- WHO framework for action



Essential medicines

- **Definition of essential medicines**

Essential medicines are those that satisfy the priority health care needs of the population

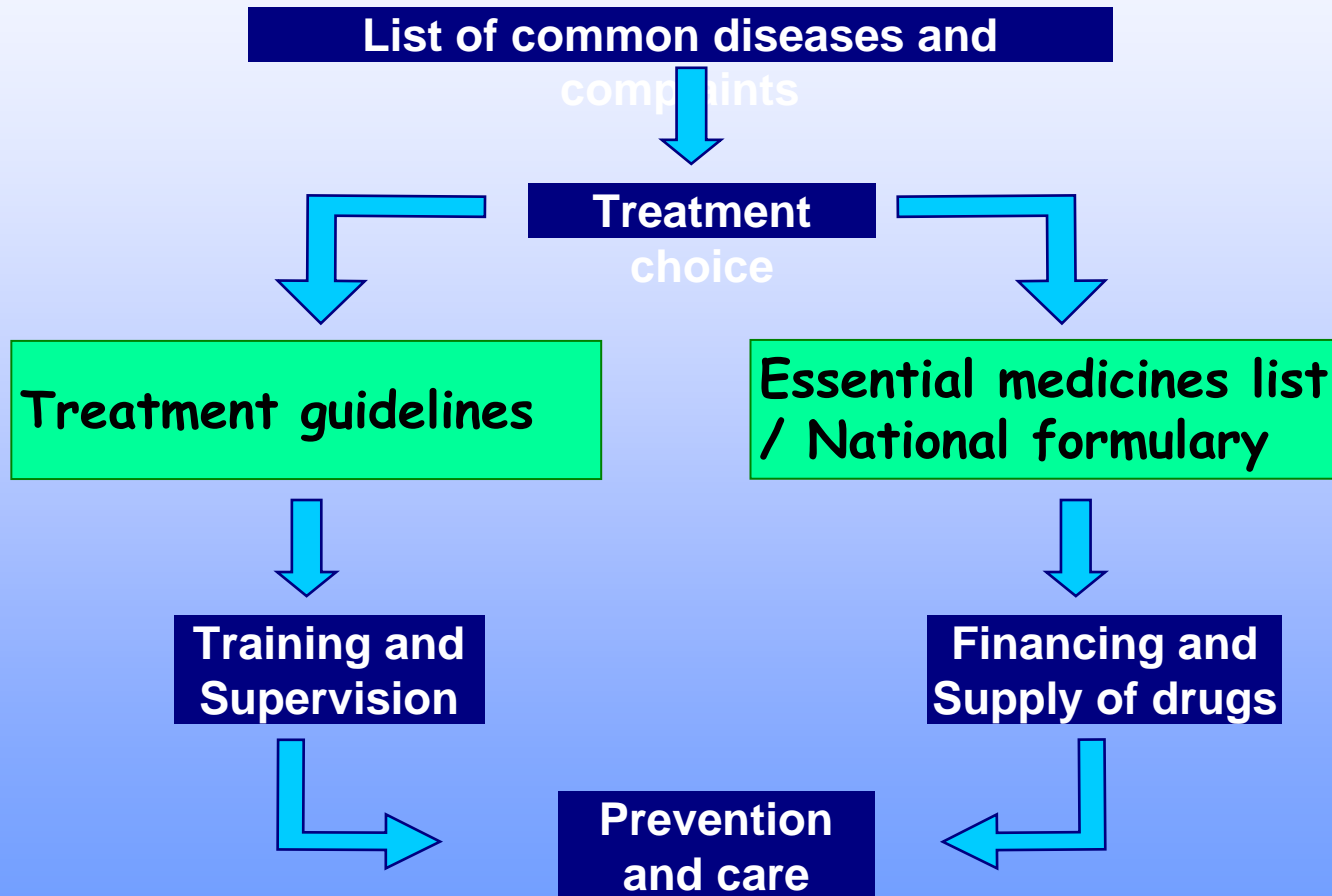
- **The concept of essential medicines**

A limited range of carefully selected essential medicines leads to better health care, better drug management, and lower costs

History of the WHO Model List of Essential Drugs

- 1977 First Model list published, ± 208 medicines.
- List is revised every two years by WHO Expert Committee.
- The 14th is the current Model List of Essential Medicines, prepared by the committee in March 2005.
- It contains 312 individual medicines, including antiretroviral medicines for the prevention and treatment of HIV-AIDS.

Relation between treatment guidelines and a list of essential medicines



Threats to access

- High prices
- Lack of funding
- Patents
- Broken distribution systems
- Lack of health professionals
- Increase in lifestyle related and communicable diseases
- Further squeeze of state budgets (health)

Donations to Banda Aceh in Indonesia after the tsunami 26 December 2004 :

- 4000 tonnes of medicine were received for a population of less than 2 million people
- medicines were labelled in more than 16 foreign languages
- nearly 60% were not on the national List of Essential Drugs
- 10% had expired before they reached Banda Aceh
- 30% were due to expire in less than 6 months or had missing expiry dates
- those medicine that were appropriate were received in quantities equivalent to 6-8 years' use
- 345 tonnes (1150 cubic metres) were identified for destruction, which was estimated to cost 1.4 million Euro

Patent Rights vs. Patient Rights



Dr Gro Harlem Brundtland, former
director general of WHO:

*“No clause in any trade agreement
should work in a way that denies –
to those who need them – access to
life-saving medicines for common
diseases”*

TRIPS Agreement flexibilities

- Parallel importation: importation of a patented product, without consent of the patent holder, marketed in another country by the patent holder or its representative;
- Compulsory licensing: the authorization of a third party (including government bodies and public institutions) for the use (including manufacture) of an invention without authorization of the patent holder, under specific conditions;
- Bolar provision or “early working”: a flexibility which allows the scaling-up of generic versions (technological development), even prior to patent expiration, in order to ensure that these products may be marketed as soon as the patent expires (Canada- EU panel in WTO)

The so called “paragraph 6” provision of the Doha Declaration on TRIPS

- A number of potential exporting countries have amended national laws to enable the production and export of generic medicines under compulsory license to developing countries that lack production capacity.
- Canada was the first country, followed by Norway, India and now Iceland.
- The EU has recently issued a new regulation on this issue.

Continued support to ensure that all countries develop and implement a national medicines policy.

Supporting countries in their efforts to use public health safeguards in international trade agreements to improve access to priority medicines.

Promoting and monitoring: access to essential medicines as a fundamental human right; public investment in medicines R&D, especially for neglected diseases; and ethical practices in the pharmaceutical sector.

Implementation of WHO's strategy for traditional medicine.



Some positive initiatives

- WHO prequalification programmes of FDC
- Pharmaceutical companies (Big Pharma) price reduction and donation programmes
- The Global Fund
- The President Bill Clinton's foundation
- Unitaid (19. Sept. 2006)
- WHO Secretariat on Public Health, Innovation, Essential Health Research and Intellectual Property (22. Sept. 2006)

Conclusion

- In most low income countries pharmaceuticals are often the largest household health expenditure.
- Secure access depends on rational selection, affordable prices, sustainable financing, and reliable health and supply systems.
- The EML concept is the best known approach to a "sustainable medicine" that is affordable to national health care systems and provides equitable access in the long term.
- EML's and STG's are valuable public health tools which can balance consideration of need, efficacy, safety and cost.
- Equity in purchasing essential drugs can only be achieved if drug prices are more closely related to real economical power.
- A lot has already been achieved in the last years -- but more needs to be done in using creative mechanism in financing to increase the number of people having access to essential drugs.



Thank you

