

# Barriers to access, and how to remove them - an international perspective



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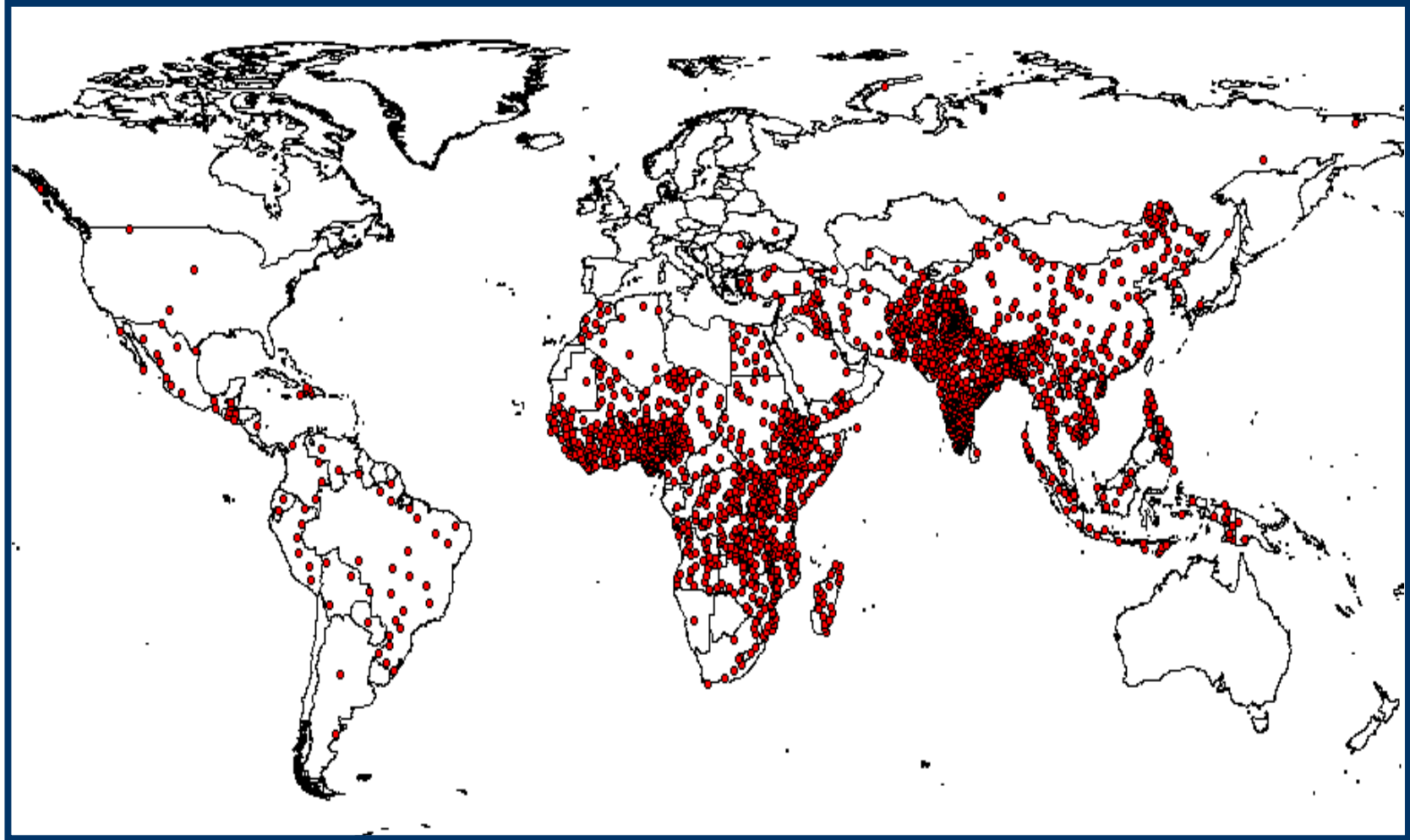


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# Global Distribution of Child Deaths

(each dot = 5000 deaths; about 30,000 deaths per day)



Source: Black et al., Lancet 2003; 361: 2226-34



# Medicine market: Private dispensing is less cost-expensive than public supply of generic medicines

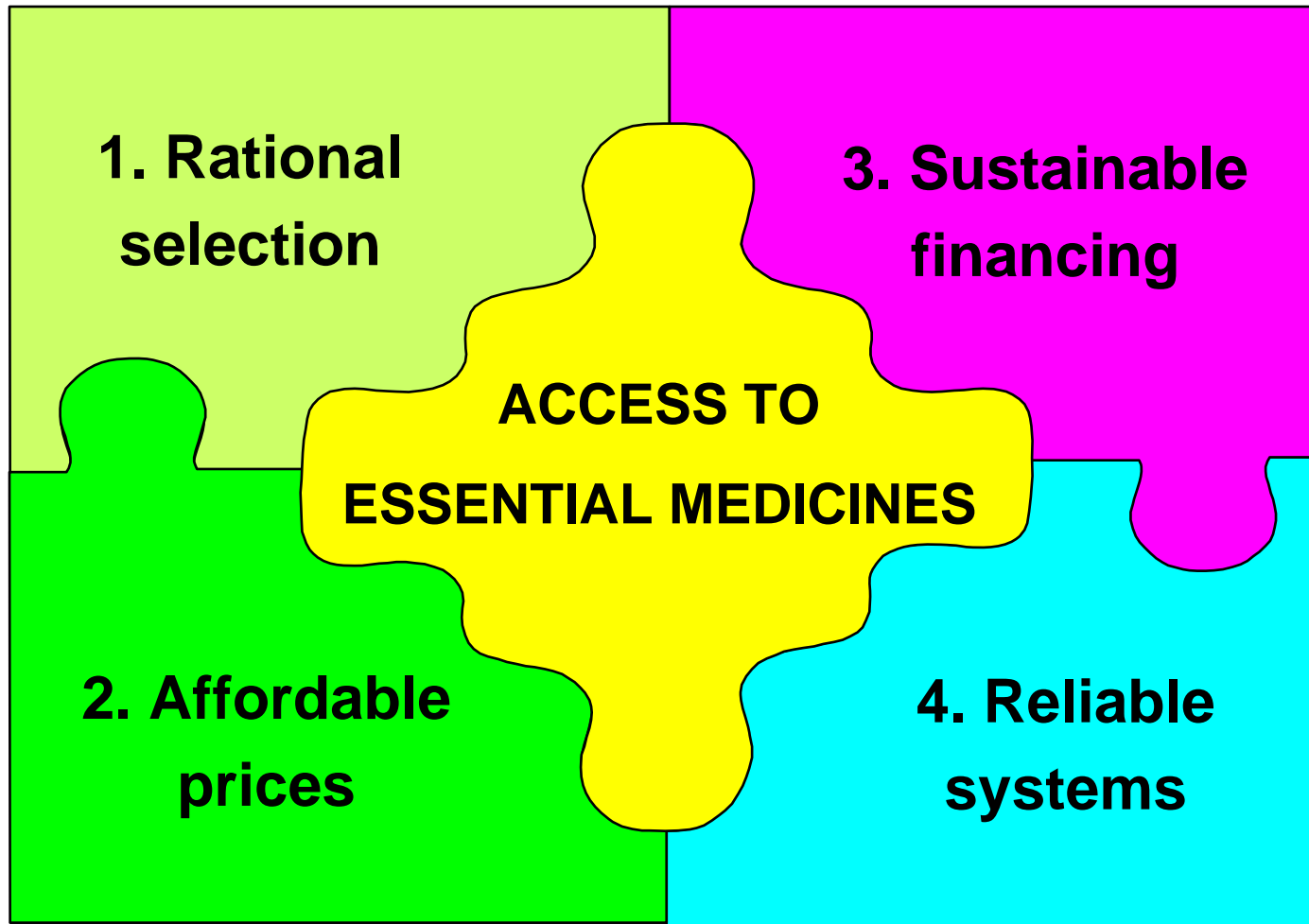
## Days' minimum wages needed to pay for treatment, Peru

	Brand – Private pharmacy	Generic – Private pharmacy	Generic – Public sector
One month's therapy – glibenclamide*	4.4 days	2.1 days	0.9 days
One month's therapy – ranitidine**	7.9 days	2.2 days	1.3 days

\*for oral treatment of type-2 diabetes; \*\* for treatment of peptic ulcer



## Practical implications of the access framework



## Policy guidance:

**There are many ways to reduce medicine prices**

### All medicines

- Reduced taxes, tariffs and margins
- Price monitoring, public price information, pricing policy

### Multi-source products

- Generic competition, generic substitution
  - Adapted legislation (includes TRIPS), assured quality, professional/public acceptance, economic incentives
- Good procurement practices
  - Price information, prequalification system, competitive tender

### Single-source products

- Evidence-based clinical guidelines, therapeutic substitution
- Differential pricing by negotiation, voluntary license, compulsory license