

UK Policy considerations on
increasing access to medicines for
the poor in developing countries.

DEPARTMENT FOR INTERNATIONAL
DEVELOPMENT



International Development Targets

■ Poverty:

- Reduce by 50% the proportion of people living in extreme poverty by 2015

■ Health and Health Systems

- Reduce maternal mortality rate by $\frac{3}{4}$ by 2015
- Reduce infant mortality rate by $\frac{2}{3}$ by 2015
- Universal access to reproductive health *care* through primary health systems no later than 2015

■ Disease Specific

- 25% reduction in HIV infection among 15-24 year olds in worst affected countries
- Malaria, TB: Reduce burden by 50% by 2010



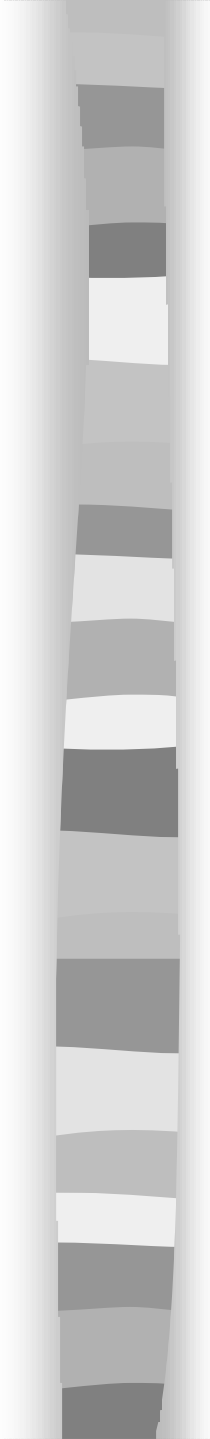
Commitment

- To poverty reduction, to health, to access to essential commodities
- Large Development Budget
 - from 0.21 - 0.32% of GDP
 - total FY 1999 £2.53 billion
 - Health spend 13%
 - Health systems development
 - Increasingly direct support to Poverty Reduction Strategies and Budget Support.
- Untied as of 2001
- Leadership in Secretary of State



Other influences

- Large effective NGO and advocacy community
- Large pharmaceutical industry
- Large publicly financed health service (NHS)



Lack of Access to medicines: a key impediment to reducing poverty

- Important focus
- Addressing through:
- Working with other partners internationally to consider approaches

- Priminister Initiative through the Cabinet office
 - Variety of policy measures considered to increase access
 - End of April



Front runners in terms of impact *seem* to be

- Differential pricing
- International fund for HIV/AIDs, TB, Malaria, childhood illnesses... to support:
 - essential drugs and health commodities
 - or funds for the purchase of drugs and commodities
 - Health systems (procurement, delivery, logistics support, quality control, training, drug policy)
- Others include: Tax measures R&D, tax measures around donations that meet criteria as set out by WHO



On Differential Pricing

- Support from UK government departments (DTI, DOH, DFID, CO, \$).
- Need:
 - limit parallel re-importation
 - at no increased cost to NHS drug bill
 - considerations for middle income countries
- Framework
 - International support (not just UK, or EC)
 - Identify DP at what level: country or global?
 - In country targeting the poor or "trickle down"
 - keep it simple
 - support systems development
 - procurement, transparent tendering etc.



Mix of Strategies Crucial

- What potential and limits of differential pricing
 - Patents and/or Generics
 - Those only with large markets
- What diseases
 - HIV/AIDs
 - TB?
 - Malaria, Diarrheoal diseases, respiratory infections?
- Need for a mix of strategies and dramatic Increase in Scale
- Look to leadership from WHO