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

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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

<table>
<thead>
<tr>
<th>Days' minimum wages needed to pay for treatment, Peru</th>
<th>Brand – Private pharmacy</th>
<th>Generic – Private pharmacy</th>
<th>Generic – Public sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>One month’s therapy – glibenclamide*</td>
<td>4.4 days</td>
<td>2.1 days</td>
<td>0.9 days</td>
</tr>
<tr>
<td>One month’s therapy – ranitidine**</td>
<td>7.9 days</td>
<td>2.2 days</td>
<td>1.3 days</td>
</tr>
</tbody>
</table>

*for oral treatment of type-2 diabetes; ** for treatment of peptic ulcer
Practical implications of the access framework

1. Rational selection
2. Affordable prices
3. Sustainable financing
4. Reliable systems

ACCESS TO ESSENTIAL MEDICINES
Affordable prices

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