

**Basel Institute on Governance**

Conference «Access to Life-Saving Medication – Innovative Solutions» | September 7 2006 | UBS Training- and Conference Center Basel

## Practical barriers to access to medication

### The Coartem Experience

Silvio Gabriel

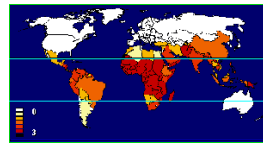


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September 7<sup>th</sup> 2006



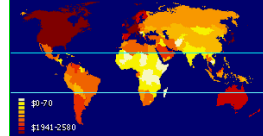
### The medical need

**Malaria index**




- 40% of the world population at risk
- 300-500 million clinical cases per year (80% of cases in Africa)
- At least 1 million deaths per year (more than 90% in Africa)
- Children and pregnant women are especially affected

**GNP – Per capita (1995)**

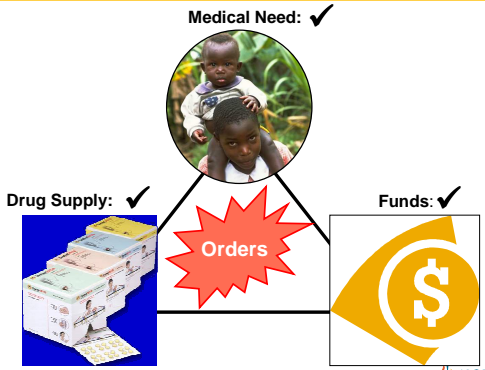


- Economic burden to African countries is about US \$12 billion/year

Source: WHO Roll Back Malaria 2003



### Great progress made, however...


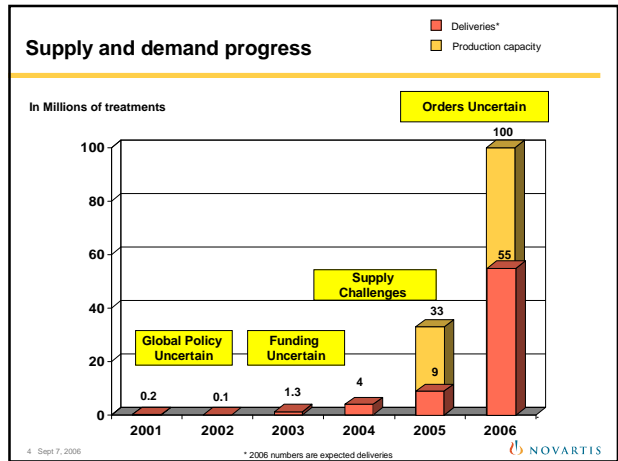


Medical Need: ✓

Drug Supply: ✓


Funds: ✓

**Orders**

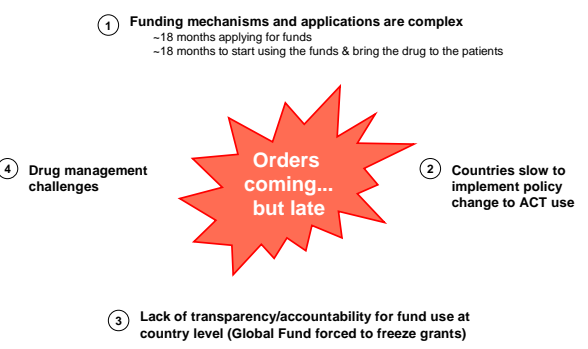



### Malaria: unprecedented supply scale up

- **2002:** At conception a relatively small project of 100,000 treatments per annum
- **2003:** Zambia is the first country to change treatment policy making Coartem first line therapy
- **2004:** WHO and Global Fund strengthen malaria control guidelines and recommendations creating a surge in estimated demand :
  - Forecasts for 2005 put demand at 60 million Tx
  - Funds are available from the Global Fund
- **2005:** Novartis leads an unprecedented scale up and produces 33 million Tx  
Orders for 14 Mio Tx placed, of which 9 million Tx for delivery in 2005
- **2006:** Orders delivered to date in 2006: 40 million treatments




### The Public Sector Challenge



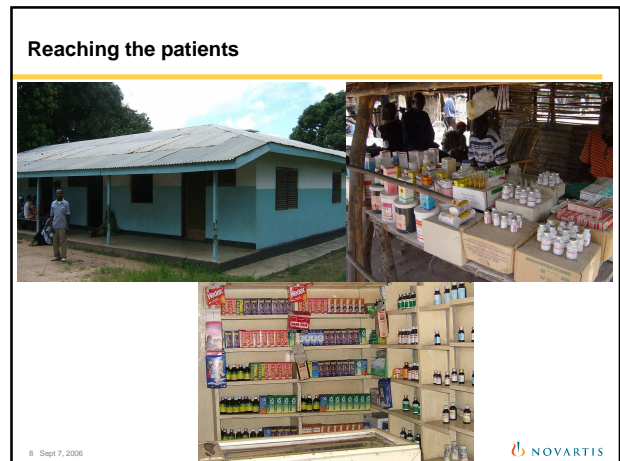
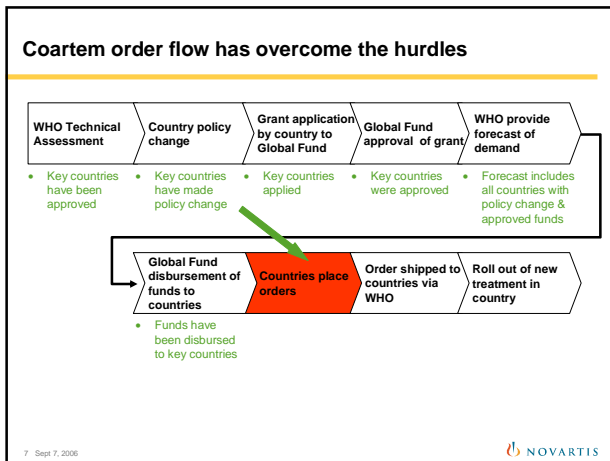
- ① Funding mechanisms and applications are complex  
~18 months applying for funds  
~18 months to start using the funds & bring the drug to the patients
- ② Countries slow to implement policy change to ACT use
- ③ Lack of transparency/accountability for fund use at country level (Global Fund forced to freeze grants)
- ④ Drug management challenges

**Orders coming... but late**



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### These challenges have consequences for the patients as well as for the industry and donors

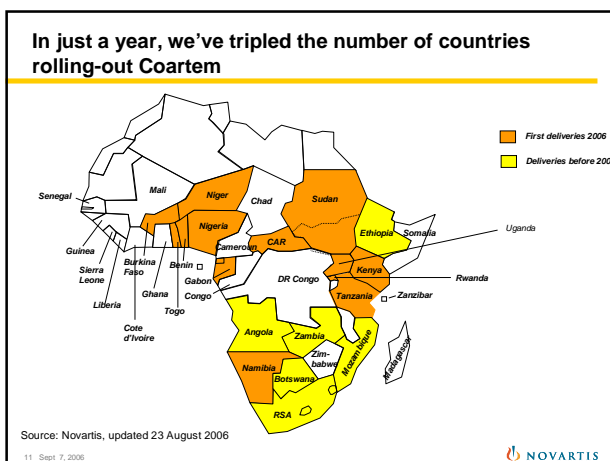
Drug access projects are financially risky for the industry due to inaccurate forecasts and unpredictable/unreliable demand combined with a production lead-time of 14 months

Further financial burden is shouldered by the manufacturers by having only 6 months for supply chain management due to shelf-life

Donors could lose their interest as the roll-out is not fast enough and at times inadequate

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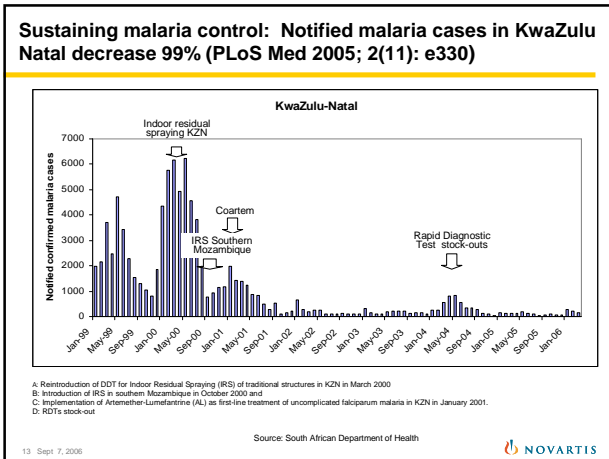
- ### Practical solutions to improve access to medicines
- Improved flow of funds**
    - Funds should flow directly to procurement agents/suppliers (e.g. Uganda)
    - Each extra recipient delays the process by minimum of 4 weeks
    - Industry needs advanced purchase commitments
  - Training**
    - Training of healthcare professionals to use ACTs and in drug supply chain management should be a pre-requisite for funding
  - Subsidized private market strategies for large scale access**
    - The private market accounts for 50% of the patients
  - Success breeds success**
    - Donors need to hear when things work well – we all bear this responsibility
    - Encourage those companies involved – this will inspire others to join the fight!
- 10 Sept 7, 2006



- ### With a multilateral approach it can be done!
- It only works if all key players work well:
- Fast and bold policy change (Zambia was the first country to change treatment policy to ACTs – Coartem driven by head of state)
  - Direct money transfers from Global Fund to WHO (Uganda)
  - Ordered quickly and implemented countrywide (Uganda) or in phases (Zambia)
  - Conducted educational/training programs for physicians and healthcare workers to cascade down countrywide independently (Uganda) or with Novartis collaboration (Zambia)
  - Using UNICEF as alternative procurement agent (Ethiopia)
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### Coartem is showing significant Patient Impact in Zambia

- ▶ Nationwide
  - 10.5% drop in malaria incidences in 2004 as compared to 2003
  - decline in malaria deaths from 50,000 to 33,000 over the same time period
- ▶ At Macha Mission Hospital in rural Zambia
  - 90% reduction of pediatric malaria cases over the past three years.
  - 87% reduction in malaria case fatalities recorded for the same two periods: from 52 during the 2001-2002 malaria season to only 7 during the 2004-2005 malaria season

Source: Dr. Philip Thuma, Senior Associate, Johns Hopkins Bloomberg School of Public Health and Director, Malaria Institute at Macha (MIAM)

14 Sept 7, 2006

NOVARTIS

