Universal Access to Medicines for Non-Communicable Diseases: Within our Grasp but Out-of-Reach

High medicine prices know no bounds – they affect all countries, all diseases, and affect all people (both directly and indirectly). But the greatest price is paid by those who suffer with a chronic non-communicable disease (NCD) and who are forced to pay for medicines out-of-pocket. Their situation is dire; life-long diseases that require life-long treatments with medicines at prices that put them out of reach. Coupled with this, the availability of NCD medicines is often deplorable. Mbithe Munyao's story illustrates their struggle.

Reliable, accessible, potentially cheap and effective generic treatments for the majority of NCDs are within our grasp. Essential medicines to treat NCDs such as cardiovascular disease, diabetes and asthma are not new. What is new is the opportunity the NCD Summit gives to refocus on generic medicines policies and programmes at the global and national level that improve access to medicines for the world's poor.

Interview with Mbithe Munyao, Kenya, 2010:

"I developed high blood pressure because of stress...But I did not have money to buy the medicine. I asked my daughter and she gave me 100 shillings. That didn't help me because the medicine cost 500 shillings. With the 100 shillings I could only buy some of the medicine. It didn't help much... I was told that chewing garlic would help. But my ulcers worsened. I was then asked to pay 300 shillings to get tablets for ulcers but I did not have the money. Now I had ulcers and high blood pressure. So whatever little money I was lucky to lay my hands on could only go into treating one of these complications, letting the other worsen. The people I have approached for help tell me they too do not have money....At the nearby government health centre, I pay 20 shillings but rarely do I get all the medicine I need. They tell me to go buy the rest yet I do not have money. I take garlic but it worsens my ulcers. I have no choice but to use it to reduce my blood pressure and endure the pain afterwards."

Medicine price and availability surveys undertaken across the globe, using the World Health Organization/Health Action International methodology[i], show the reality for people with NCDs. Originator brand medicines and even some of the lowest-priced generics are out-of-reach!

Poor availability of NCD medicines

A study[ii] of 30 commonly used medicines for communicable and non-communicable diseases in 40 low and middle-income countries, using data in the HAI medicine price database[iii], showed generic medicines for NCDs were significantly less available than generics for communicable diseases in both the public sector (36.0% availability versus 53.5%) and the private sector (54.7% versus 66.2%). Antiasthmatics, antiepileptics and antidepressants, followed by antihypertensives, were the drivers of these differences. But clearly the availability of medicines for both communicable and non-communicable conditions fall far short of adequate, especially in the public sector on which the poor rely to provide medicines free-of-charge or at least cheaper than the private sector.

Prices too high

A global snapshot of the price of a 10ml vial of soluble human insulin, taken in May 2010, showed highly variable prices when purchased from private pharmacies[iv]. Across the 60 countries included in the snapshot, prices ranged from $1.55 (Iran) to $76.69 (Austria): a difference of almost 5000%. The average global price was approximately $20 a vial, already out of reach of many patients, but in some low and middle-income countries prices were far higher (see box). The following comment was made in Nigeria "*Insulin is a strategic medicine which is shamefully unavailable. We have states where there is no insulin available".* Access to insulin is a non-negotiable need for people with Type 1 Diabetes but such high prices make this life-saving treatment out-of- reach.

Price of a vial of insulin:
Congo $47.60
Costa Rica $51.21
Indonesia $ 44.68
Palestine $42.67

Treatments that are simply unaffordable

The lowest paid unskilled government worker in the Democratic Republic of Congo has to work for 24 days to pay for one month's supply of two lowest priced generics for hypertension (captopril) and diabetes (metformin). The situation for someone with this typical co-morbidity is simply impossible. The cost of originator brands are considerably higher than generics, and purchasing the medicines in the public sector at a lower price is remote as the availability is only approximately 5%. This is not an isolated problem - in many other countries those same generic medicines are also unaffordable; about 6 days wages are needed each month to purchase the medicines in El Salvador, 4 days in Brazil (Rio Grande do Sul State), and about 3 days in Yemen and Mexico City.

Days wages needed to buy a months supply of lowest priced generics in private pharmacies:
Diclofenac (arthritis) in Sao Tome en Principe: 19 days
Salbutamol inhaler (asthma) in Kyrgyzstan: 11 days
Simvastatin (high cholesterol) in Burkina Faso: 10 days
Amitriptyline (depression) in Peru: 3 days

Generics policies now

The key to improving access to medicines is implementing and enforcing policies and programmes that promote the use of generics including:

- Providing essential medicines free of charge in the public sector and ensuring adequate financing and efficient supply systems to prevent stock-outs
- Regulating mark-ups and margins in the public and private sector supply chains
- Removing taxes, tariffs and other government charges on medicines
- Promoting generic competition, mandating generic substitution, creating incentives for pharmacists to dispense low priced generics, and educating health professionals and consumers on the use of generics
- Ensuring only quality assured medicines are on the market
- Ensuring the public has easy access to information about the price they should pay for a medicine

Action on NCDs

Despite the body of evidence that affordability and availability of medicines for NCDs is poor, and that the burden of NCDs is rising, insufficient attention is being paid to the problem. The same priority that has been shown to HIV/AIDS, Malaria and TB must now be given to NCDs. Global access to essential medicines are within our grasp; effective treatments for the majority of the global NCD burden already exist, and yet universal access remains out-of-reach. The global health movement must recognize that the treatment of common NCDs with known essential medicines and the equally important international debate about innovative medicines for less common diseases are different. Health Action International calls on delegates to refocus on the attainable goal of universal access to essential medicines as a core priority for the treatment of NCDs. In order that this is realised, donors need to recognise the paucity of support for essential medicines initiatives, globally, regionally and nationally, such as those by WHO, civil society and governments. In the longer term, donors should consider scaling-up support to establish a ***Global Fund for Essential Medicines for Non-Communicable Diseases*** that prioritises the plight of the 1.2 billion people without access to affordable treatment. A *Global Fund for NCDs* that promotes universal access to low-priced generic medicines of assured quality and has the determination, resources and political will to drive a new era in access to essential medicines.

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[i] WHO/HAI. *Measuring medicine prices, availability, affordability and price components, 2nd ed*. Geneva. [http://www.haiweb.org/medicineprices/manual/documents.html]

[ii] Cameron A, *et al*. Differences in the availability of medicines for chronic and acute conditions in the public and private sectors of developing countries. *Bulletin of the World Health Organization*, 89(6):279-287.

[iii] http://www.haiweb.org/MedPriceDatabase/

[iv] http://www.haiweb.org/medicineprices