Essential medicines for universal health coverage

Access to medicines has long been a potent flashpoint in global health, from antiretrovirals to drugs that cure hepatitis C. Indeed, as a new *Lancet* Commission report, *Essential Medicines for Universal Health Coverage,*¹ asserts, essential medicines should be at the centre of our vision for global health, affecting, as they do, the lives and dignity of people worldwide. Led by Veronika Wirtz, Hans Hogerzeil, and Andy Gray, the Commission identifies lessons learned from 30 years of implementing essential medicines policies. It seeks to align those lessons with the global sustainable development agenda, especially as countries now embark on the path towards universal health coverage.

Much progress has been made. Key elements for delivering essential medicines have been adopted by countries—eg, the composition of a limited list to drive procurement and reimbursement, standard treatment guidelines, prescriber training, and regulation of pharmaceuticals marketing. In many countries these interventions have been located within a national medicines policy. However, the quality of their application has varied widely. For example, not all lists have been evidence informed or updated regularly. Many medicines, old and new, remain unaffordable, and have been left to patients to purchase out of pocket. Not all medicines have been of acceptable quality. Inappropriate medicines use has persisted. Development of new medicines has failed to address important global health needs. And national medicines policies have not always been fully implemented, let alone evaluated rigorously.

Often, debates about access to medicines have mistakenly focused on low-income and middle-income countries only. But the Commission shows that access to medicines is a global concern. Think of antimicrobial resistance,² opioid misuse,³ and the EpiPen price scandal,⁴ and the truth of that proposition is readily apparent. The Commission¹ identified five policy areas for all countries to address if equitable access to affordable, quality-assured essential medicines is to be achieved: paying for a basket of essential medicines, making those medicines affordable, ensuring quality and safety, promoting quality use, and developing missing essential medicines. Each part of the Commission’s report begins with a patient’s story to emphasise what the issue means for the individual. Throughout the report, there is a focus on three cross-cutting themes: equity of access, strengthening institutions, and promoting accountability.

The Commission is broad, original, and comprehensive. It links essential medicines with other important concerns, such as financial sustainability for universal health coverage and the protection and promotion of human rights. The report contains new insights and proposals. One of its most important conclusions comes from a new costing model, developed by the Commission, which shows that for US$1–2 per month every person in low-income and middle-income countries can have access to a basket of about 200 essential medicines. Most countries spend far more than this amount on pharmaceuticals (including medicines beyond this basket of 200). However, most low-income countries spend far less and suffer from a structural lack of access to basic essential medicines. Urgent attention should therefore be paid to issues of equity and efficiency. Other key messages include strengthening the role of government (increased public funding for universal health coverage, pricing policies, better medicines regulation, promoting quality use, and stimulating innovation), the need for greater transparency, and a mechanism for effective accountability.

Perhaps one of the most contentious policy issues is intellectual property. In an invited Comment in response to the Commission’s report, Andrew Witty,⁵ Chief Executive Officer of GlaxoSmithKline, argues that, “Intellectual property has no role in the lack of access to...
Comment

these medicines [on the essential medicines list] in these countries, so solutions based on intellectual property will not help. The Commission strongly disagrees with this view. Several medicines on the current Essential Model List were patent protected when they were listed for the first time (eg, praziquantel, and most antiretrovirals).1 With strategic patenting in key producing countries, a few patents can prevent access to low-cost generic medicines and necessary combination products for millions of people living with life-threatening diseases. This problem has been especially true for access to affordable antiretrovirals in middle-income countries.1 Most new essential medicines are under patent, and will be for many years to come. Although the number and proportion of essential medicines that are patent protected may seem low, the overall impact can be huge. As the Commission underlines, high prices for cancer medicines and hepatitis C treatments affect all countries.1

The recent UN High-Level Panel on Access to Medicines5 was tasked with proposing solutions to address access to medicines from the perspective of aligning human rights, trade, intellectual property, and public health objectives, whereas the Lancet Commission had a much broader mandate. It looked at access to medicines from a comprehensive health system perspective, covering all aspects of financing, affordability, quality, use, and essential innovation. Each recommendation offered by the Commission is directed to one or more actors in the health system, be they governments, civil society, national health institutions, national medical regulatory agencies, or the pharmaceutical industry. However, what is key for their implementation is the Commission’s proposal for an accountability framework. Who should have oversight of this framework and how should it function? Based on past evidence, WHO is not well placed to hold its member states accountable. That is why the Commission argues for an independent mechanism to ensure that all parties deliver on their promises and commitments. One means to encourage that process would be to create a multistakeholder group to report periodically on progress in implementing the recommendations of the Commission and in the degree to which its proposed indicators are being collected and reported at national levels. The Lancet is ready to be a partner in such a process.

Publication of this Commission comes at what we hope will be an opportune moment—the beginning of an era of sustainable development. Sustainable Development Goal 3.8 calls for universal health coverage,7 and this report provides a roadmap to assist countries in achieving that important objective. A next step will be to bring together all those with an interest in essential medicines, and to move beyond historical and organisational differences with pragmatism and transparency. Now is the right moment to find timely solutions to ensure equitable access to affordable, quality-assured essential medicines.

Pamela Das, Richard Horton
The Lancet, London EC2Y 5AS, UK

We thank Veronika Wirtz, Hans Hogerzeil, and Andy Gray for their leadership of the Lancet Commission on Essential Medicines Policies, and commissioners for their contributions to this report. We also thank the Bill & Melinda Gates Foundation, WHO, University Medical Centre Groningen, and Boston University for their financial support, together with the academic and other institutions that have generously allowed colleagues to devote time to the work of the Commission.