Scaling up for universal health coverage

The report on essential medicines for universal health coverage (UHC) by the Lancet Commission on Essential Medicines Policies1 provides a timely contribution to discussions about how improving access to medicines can help achieve UHC. Nobody would dispute the need for improvements in both innovation of health-care technology and access to it, and there is much in the report with which I agree.

Improving access to medicines for patients across the world is a complex challenge. GlaxoSmithKline (GSK) continues to evolve its business model based on the twin drivers of innovation and access. We invest in R&D to discover and develop needed medicines and vaccines. We then seek a return on that investment, and measure our commercial success, by making those products accessible to as many people as possible. This includes flexible pricing and intellectual property policies which enable us to make an adequate return and continue to invest in research and development (R&D). This approach means that GSK has led the Access to Medicines Index on the four occasions it has been compiled prior to the 2016 Index.

The Lancet Commission1 took a holistic, multisector view, although the private sector was unfortunately not represented, which is a missed opportunity. I wish to focus on the five critical areas identified by the Commission.

With regard to financing, I agree that governments must provide adequate financing for the purchase of essential medicines. Health expenditures must be seen as an investment, not a cost. In this regard the value for money delivered by medicines and vaccines is underplayed in the Commission’s report. I also support the recommendation that out-of-pocket expenditure be minimised. This is a critical element in achieving UHC. In GSK’s UHC policy principles4 we recommend risk-pooling mechanisms over out-of-pocket payments. Advocating for UHC is a key pillar in our partnership with Save the Children.5

Affordability is an area directly relevant to GSK because our prices make an impact. I welcome the recognition in the Commission’s report that this is a complex area, without a single solution. GSK seeks a fair and appropriate balance between incentivising innovation and meeting the needs of payers and other stakeholders. Medicines prices should enable the optimum use of health financing, whilst reflecting the value they deliver—to patients and their families, health-care systems, and wider society. We aim to price our medicines and vaccines both responsibly and sustainably reflecting the patient’s ability to pay, wherever in the world they live. GSK’s tiered pricing approach for vaccines6 and our commitment to price patented medicines in the least developed countries at 25% or less of European prices7 are examples of this approach.2

The need to ensure good quality medicines is paramount. I support the Commission’s findings that regulatory processes need to be stringent but streamlined, harmonised, and avoid duplication. This focus will lead to medicines getting to patients who need them faster. Avoidance of duplication should not lead to a reduction in the national regulatory function. Rather, resources can be redirected to value-adding activities such as monitoring the supply chain to ensure that only good quality, registered products are available in all sectors within health systems. I would challenge the Commission’s assertion that the WHO’s pre-qualification system has “positioned WHO as a global regulatory agency”.1 I do not believe that WHO itself would claim this. Regulating medicines is a role for national governments, through mutual recognition processes where appropriate. The role of WHO in medicines regulatory support is two-fold: to develop norms, standards, and guidelines; and to support and provide guidance to national regulatory agencies.8

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The quality use of essential medicines is a multifaceted area and I agree with the Commission’s statement that “problems of inappropriate use do not arise from a single root cause—thus, addressing them requires complex and coordinated interventions”. One area where GSK believes it can make a difference is in reassuring patients that if they are prescribed a GSK medicine or vaccine, it is a clinical decision solely based on the product’s suitability for the patient. We do this by ensuring that in all of our interactions with health-care professionals we are transparent, operate with integrity, and always put the interests of patients first. We have taken two actions to support this approach. First, since January, 2015, GSK sales representatives are no longer rewarded on the basis of individual sales targets. Second, to help address any concerns about undue influence on prescriber behaviour, since Jan 1, 2016, we have stopped payments to healthcare professionals to speak on GSK’s behalf about our prescription medicines and vaccines.

R&D is an important issue highlighted by the Commission and there is much in the report with which I can agree. However, there are two areas where my view differs from that of the Commission. First, I do not agree that “the present system for developing medicines is in crisis” or that radical reform is necessary. I think the present intellectual property-based system has delivered innovation and health improvements to a quite staggering degree. That said, no-one would disagree that there is room for improvement. The greatest room for improvement is in scaling up the new approaches that have evolved over the past 10–15 years. A diversity of new models and mechanisms for developing and delivering medicines and other health-care technologies—eg, advance market commitments, product development partnerships, the Medicines Patent Pool, tiered pricing, and collaborations on neglected tropical diseases—have delivered fast and impressive results in the range of medicines and vaccines available and in the number of people able to access them. This is shown by the rapid increase to 17 million in the number of people receiving HIV/AIDS medicines, many of which are still under patent. As the Lancet Commission states, not-for-profit R&D initiatives are starting to bear fruit and must be scaled up.

The second area of difference from my view is on the focus on intellectual property as a barrier to access. The Commission acknowledges that most medicines on the WHO Essential Medicines List are not patented, and yet a third of the world’s population do not have reliable access to them. Intellectual property has no role in the lack of access to these medicines in these countries, so solutions based on intellectual property will not help. The approaches and partnerships mentioned above all operate within and alongside the intellectual property system. Although intellectual property is not, per se, a barrier to access, global health-care challenges require companies like GSK to be flexible in our approach and responsive to different needs, particularly as the disease burden shifts from infectious to non-communicable diseases. That is why earlier this year GSK announced a flexible, graduated approach to intellectual property in the poorest countries so that GSK can further increase access to medicines and ensure greater focus on the real barriers.

The current system surrounding essential medicines is not perfect, but we must be careful about how we go about improving it. I believe it would be wrong and irresponsible to fundamentally disrupt this model without well tested alternatives ready to replace it. All stakeholders must therefore ensure a thoughtful transition to UHC that expands patients’ access to medicines and services, while preserving incentives for future innovation and sustainability. GSK stands ready to play its full part.

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I am Chief Executive Officer of GlaxoSmithKline.