Publications and events

Access to medicines

Tracking universal health coverage

Tokyo – A new report from the World Bank and WHO shows that at least half of the world’s population cannot obtain all essential health services, and that the share of people incurring high out-of-pocket medical costs is on the increase.

In 2010 more than 800 million people or 11.7% of the world’s population spent at least 10% of their household budget on health care (up from 9.7% of the world’s population in 2000), and 97 million people were pushed below the poverty line of US$1.90 per day. If the poverty line is set at US$3.10 per day, the number of people impoverished by health spending increased from 105 million (1.7% of the population) in 2000 to 122 million (1.8%) in 2010. On the positive side, some key health services—such as immunization, family planning, antiretroviral treatment and insecticide-treated bed nets to prevent malaria—have become more widely accessible since the turn of the century.

The report was a key point of discussion at the global Universal Health Coverage Forum 2017 in Tokyo, Japan. The Forum in Tokyo is seen as a milestone for accelerating progress towards the target of universal health coverage by 2030.


Pricing of innovative medicines

European Union – The European Commission’s Expert Panel on Health has published a new opinion to help guide policy makers in defining new payment models for high-cost innovative medicines that offer meaningful benefits. The report sets out a range of broad principles that could counteract the ever-increasing medicines prices, such as: greater price and cost transparency, use of patent law and market exclusivity rules to promote and reward high-value innovations, and developing and using methods to measure the social value of pharmaceutical products, e.g. in the context of Health Technology Assessment (HTA).

This expert report comes at a time when there is an urgent need to address high medicines prices in Europe. As the European Commission is reviewing current incentives for pharmaceutical innovation, the Expert Panel’s report could be an important contribution to European policy-making on medicines pricing.

A recent paper suggests that the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) are used more often than is commonly assumed, and that they may become increasingly important in making generic medicines more affordable.


Cost prices of essential medicines
New research commissioned by WHO shows that medicines on the Model list of Essential Medicines are often sold at significantly higher prices than those estimated from production costs. Although most medicines on the EML are off-patent, 214 of 277 comparable prices in the UK, 142 of 212 comparable prices in South Africa and 118 of 298 comparable prices in India exceeded the price that would be expected based on cost of production plus a 10% profit margin. The authors conclude that generic price estimation and international price comparisons could empower government price negotiations and support cost-effectiveness calculations.


Benzathine penicillin G shortages
A study has shown that widespread shortages of benzathine benzylpenicillin (benzathine penicillin G) compromise treatment and prevention of syphilis and treatment of other conditions including rheumatic heart disease. Of 95 countries and territories that responded to surveys, 39—including both high-income countries and LMICs—reported a shortage of the medicine. The main reasons are “sole sourcing” of products from a single wholesaler and a single manufacturer, the low price of this sterile injectable medicine compared to its cost of manufacture, and an uncertain demand due to weaknesses in forecasting and procurement. The authors call for viable policy approaches to strengthen procurement infrastructure and support the appropriate treatment of syphilis at the national level.(1)

To identify sources of quality-assured active pharmaceutical ingredient and finished product WHO added benzathine benzylpenicillin to the list of products eligible for prequalification in December 2016.(2)


(2) WHO. FPPs & APIs Eligible for Prequalification (“EOIs”) [webpage].

Medicines quality

Children’s medicines in the DRC
In a cross-sectional survey of paediatric medicines in the Democratic Republic of the Congo, 65 (27.2%) of 239 samples failed to comply with at least one specification. The medicines included amoxicillin (AX) and artemether/lumefantrine (AL) powders for suspension, and paracetamol (PC) tablets. The samples were purchased in the private market in Kinshasa and tested at two accredited laboratories in Belgium. Among the AL samples 59.5% contained less than the specified content of artemether. Significantly more locally manufactured than imported AL- and PC-containing products failed to comply with the specifications set for the survey.
The findings are intended to guide corrective actions by the regulatory authority of the Democratic Republic of Congo, which was the main partner in the research.


Vaccines

**CIOMS Guide to vaccine safety communication**

The benefits of immunization for public health have long been recognized. However, no vaccine is completely risk-free. Adverse events will occasionally occur after immunization, and regulators are responsible to inform health professionals and the public about such events. Efficient communication is key for regulatory bodies to maintain trust in their work and in the vaccines that they license.

Although a number of guidance documents exist on how to manage communication on vaccine safety, they do not specifically address the needs of regulatory bodies. To fill this gap, the Council for International Organizations of Medical Sciences (CIOMS) has published its *Guide to Vaccine Safety Communication.*

This new guide offers an overview of strategic communication issues faced by medicines regulators, those responsible for vaccination policies and programmes and other stakeholders when dealing with:

- the launch of newly developed vaccines;
- the introduction of vaccines into new countries, regions or populations; and
- the handling of any safety issues arising during the life cycle of a vaccine.

At a time when vaccine hesitancy—the reluctance to accept immunization—is growing worldwide, this Guide is essential reading for regulators and other stakeholders involved in immunization programmes. It has been prepared by a subgroup of the same multi-skilled group of experts that produced the CIOMS *Guide to Active Vaccine Safety Surveillance.*

With its practical, easy-to-read information, examples and proposed template for a vaccine safety communication plan, the new Guide provides a common ground in a way that has not been achieved otherwise at global level.

► Employees of governmental institutions including regulatory bodies, as well as non-profit organizations, can obtain a free PDF of the CIOMS *Guide to vaccine safety communication.* Please email info@cioms.ch to obtain your free PDF.


Antimicrobial resistance

**High resistance levels worldwide**

Bangkok – Data from WHO’s new Global Antimicrobial Surveillance System (GLASS) have confirmed the widespread occurrence of antibiotic resistance. The system collects data on eight selected types of bacteria that commonly cause infections in humans. *Mycobacterium tuberculosis* is not included because these data are provided since 1994 in WHO’s annual *Global tuberculosis report.*

In response to a first data call, 22 countries provided results from antimicrobial
susceptibility testing (AST) conducted in 2016 on a total of 507,746 isolates, primarily from blood specimens. AST data submission for GLASS involves 12 antimicrobial classes, and 73% of countries provided results for more than half of the antibiotics requested. Resistance patterns for *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, and *Streptococcus pneumoniae* were reported from 17 countries, followed by *Salmonella* spp. (15 countries), *Neisseria gonorrhoeae* (11 countries) and *Shigella* spp. (8 countries).

The findings varied tremendously among reporting countries, but alarmingly high resistance levels were reported to various serious bacterial infections from both high- and low-income countries. The data submitted for this first GLASS report varied in quality and completeness. WHO is supporting countries to set up efficient national antimicrobial resistance surveillance systems.


**Antibiotic use in England**

**United Kingdom** – At least 20% of all antibiotics prescribed in primary care in England are inappropriate according to data published in a supplement to the Journal of Antimicrobial Chemotherapy. The research found that substantially higher proportions of general practitioner consultations resulted in an antibiotic prescription than is appropriate according to expert opinion: 41% of all consultations for uncomplicated acute cough (target: 10%), 82% for bronchitis (target: 13%), 59% for sore throat (target: 13%), 88% for rhinosinusitis (target: 11%) and 92% for acute otitis media in children (target: 17%).


**Tracking industry action on AMR**

**Amsterdam, Davos** – The Access to Medicine Foundation has presented its first benchmark report of pharmaceutical companies’ action on antimicrobial resistance (AMR) at the Annual Meeting of the World Economic Forum in Davos, Switzerland. The key findings are summarized below.

There are 28 antibiotics for high-priority pathogens in late stages of development. However, only two of these are supported by plans to ensure that the successful candidate can be made accessible and used appropriately once it reaches the market.

Nearly half of the 30 companies evaluated in the benchmark exercise were involved in efforts to track patterns in antimicrobial resistance, with surveillance programmes running in 147 countries. Pneumonia was the most widely-tracked infection.

Eight companies were setting limits on the levels of antibiotics that can be released into the environment from their manufacturing facilities, although no company made public what is actually released.

Four companies were taking steps to separate sales agents’ bonuses from the volume of antibiotics sold. Two companies had fully implemented this approach, one was piloting it in certain territories, and one was taking steps towards adjusting its sales teams’ incentives.

The Antimicrobial Resistance Benchmark research programme is made possible with
financial support from UK AID and the Dutch Ministry of Health, Welfare and Sport.


Public health updates

**Poliovirus:**

High stakes in eradication endgame

Geneva – At its 16th meeting the Emergency Committee under the International Health Regulations (2005) (IHR) unanimously agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern with regard to wild poliovirus type 1 (WPV1) and circulating vaccine-derived poliovirus (cVDPV).

The world is closer to polio eradication than ever before in history. A new international spread would be a major setback to achieving eradication.

The Committee advised that its Temporary Recommendations should be extended for a further three months to address the persisting risks of poliovirus spread between Afghanistan and Pakistan, in Nigeria and its Lake Chad neighbours, in countries bordering the Syrian Arab Republic, and in the Democratic Republic of the Congo. The risks are compounded by the global shortage of inactivated polio vaccine, which is causing a lack of type 2 immunity in a growing cohort of children in a number of countries. The Committee requested to be kept updated about the situation in Somalia, where three highly diverged type 2 vaccine-derived polioviruses have been detected in the sewage, suggesting an unreported ongoing transmission.

► WHO Statement, 14 February 2018.

**Non-communicable diseases:**

New high level commission

Geneva – WHO has announced a new high-level commission on noncommunicable diseases (NCDs). Comprised of heads of state and ministers, leaders in health and development and entrepreneurs, the commission will propose bold and innovative solutions to accelerate prevention and control of NCDs, such as heart and lung disease, cancers, and diabetes.

Seven of every 10 deaths globally each year are from NCDs, which kill more than 15 million people between the ages of 30 and 70 years annually. Low- and lower-middle income countries are increasingly affected, with half of all premature deaths from NCDs occurring in those countries.

The main contributors to NCDs are tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Many lives can be saved through prevention, early diagnosis and improved access to quality and affordable treatment. WHO has called for a whole-of-government approach to reduce the main risk factors. In 2017 the World Health Assembly had endorsed the set of WHO “best buys” to prevent or delay most premature NCD deaths.

The new commission runs until October 2019. It will provide actionable recommendations to the Third United Nations General Assembly High-level Meeting on NCDs, scheduled for the second half of 2018.


**Cholera:**

WHO responds to outbreaks

Lusaka – The Government of Zambia has launched a campaign to immunize 1 million people against cholera with support from WHO and partners. This is in response
to an unusually high number of seasonal cholera cases, with 2672 cases and 63 deaths reported since October 2017. Most of the cases occurred in the capital Lusaka. A further one million people living in known cholera hotspots across the country are to be vaccinated later in 2018. WHO is also working with the Zambia National Public Health Institute to address the underlying causes of the outbreak, track down cases, treat cholera patients and provide community health education.\(^{(1)}\)

**Juba** – In South Sudan, the end of the longest and largest cholera outbreak was declared on 7 February. The outbreak had been declared in June 2016; the last person with confirmed cholera case was discharged in December 2017. By that time over 20 000 suspected cholera cases and 436 deaths had been reported. The government worked with a range of partners to enhance surveillance, deploy rapid response teams, provide clean water, promote good hygiene practices and treat cholera patients. In 2017 more than 885 000 people at risk were immunized with oral cholera vaccine sourced from the global stockpile funded by Gavi, The Vaccine Alliance. Despite security challenges, nearly 500 000 people received a second dose of the vaccine.\(^{(1)}\)


### WHO prequalification updates

#### First typhoid conjugate vaccine prequalified

At the end of December 2017, WHO prequalified the first conjugate vaccine for typhoid, Bharat Biotech’s Typbar-TCV\(^*\).

Typhoid conjugate vaccines are innovative products that have longer-lasting immunity than older vaccines, require fewer doses and can be given to young children. In October 2017, the Strategic Advisory Group of Experts (SAGE) on immunization recommended typhoid conjugate vaccine for routine use in children over 6 months of age in typhoid-endemic countries. This vaccine will help to reduce the continuing high burden of typhoid fever and the consequent frequent use of antibiotics which has led to an alarming increase in antimicrobial resistance to *Salmonella typhi*.\(^{(1)}\)

\(^{(1)}\) WHO EMP News, 3 January 2017.
Other “firsts”

- First dolutegravir active pharmaceutical ingredient prequalified. Dolutegravir is used for the manufacture of medicines to treat HIV/AIDS.
- First dispersible paediatric levofloxacin tablets (TB326) prequalified. This product is used for treatment of multi-drug resistant tuberculosis in children.
- First rectal artesunate (MA124) prequalified. This product is used to treat severe malaria in children.

WHO Prequalification of medicines. List of prequalified finished pharmaceutical products.

Guidance on dossier deficiencies

The Prequalification Team has published additional guidance for manufacturers on common deficiencies in finished pharmaceutical product (FPP) dossiers with respect to: The active pharmaceutical ingredient (API) supplier versus the FPP manufacturer’s API specifications, control of polymorph identity and particle size distribution, control of related substances in APIs and FPPs, granulation processes, hold times, dissolution profiles and quality control testing limits, control of moisture content in final blend and finished solid oral products, and process validation.


Upcoming event

18th ICDRA

The 18th International Conference of Drug Regulatory Authorities (ICDRA) will take place in Dublin, Ireland, on 3–7 September 2018. The theme of the conference is Smart Safety surveillance: A life-cycle approach to promoting safety of medical products. The pre-ICDRA event will be convened from 3–4 September and is open to all interested stakeholders. The conference itself will be held on 5–7 September and is open to representatives of governments and national regulatory authorities only.

Since 1980, ICDRA has brought together regulatory authorities from WHO Member States to strengthen collaboration and develop international consensus on regulatory priorities. This biennial conference provides a unique forum to support and guide regulatory authorities, WHO and international stakeholders. Some of this year’s topics include a look back at the 17th ICDRA recommendations and their implementation, future directions of the WHO prequalification programme, strategic approaches to improving access to medical products, and the safety of medical products throughout their life cycle.

18th ICDRA website: http://www.icdra2018.ie/