BOOSTING PHARMACEUTICAL CAPACITY TO INCREASE ACCESS TO TREATMENT

A partnership of 15 African countries, the EU, ACP and WHO
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A population’s full and affordable access to quality essential medicines and treatment depends on a number of factors: efficient regulation, provision and supply of medicines; sound policies on selection and use; affordable pricing; a qualified health workforce; information systems; functioning health infrastructure; and good governance. Many countries in sub-Saharan Africa do not meet these criteria, largely due to resource constraints, and struggle to provide quality essential medicines to their populations. This, coupled with a heavy burden of infectious and other diseases, results in high levels of illness and death, two of the main causes of low human and economic development.

10 million Euro – 3 partners

To address some of the access barriers in sub-Saharan Africa, the European Union (EU) has invested Euro 10 million into a four-year effort to boost the pharmaceutical system in 15 sub-Saharan African countries. The project benefits from support from the African Caribbean and Pacific Group of States Secretariat (ACP) and relies on the World Health Organization’s (WHO’s) expertise to transfer knowledge and provide guidance and training to pharmacists and healthcare policy makers.

“A well functioning pharmaceutical system is a critical pillar of a strong health system.”

Margaret Chan, WHO Director General
15 countries:

5 main objectives:

1. Increase availability of essential medicines in national, regional and community health facilities through national supply systems;

2. Lower prices and improve mechanisms for financing and for coverage of essential medicines in social protection schemes;
7 milestones reached by end 2014

1. Revised national pharmaceutical policies and implementation plans in five countries;

2. Updated national standard treatment guidelines and essential medicines lists in 14 countries;

3. Training and guidance on medicines registration, pharmacovigilance and quality control to comply with international standards in 15 countries and one regional economic community;

4. Monitoring of availability, prices of medicines for priority diseases in six countries;

5. Supported the development of pricing policies and the development of reimbursement lists in two countries;

6. Supported the development of national supply systems in 12 countries;

7. Monitoring, training and policy development for appropriate prescription and use of medicines in 10 countries.

Improve quality and safety of medicines and reduce substandard and counterfeit medicines;

Improve medicines selection, prescribing, dispensing and use;

Support the implementation of pharmaceutical policies, transparency and good governance in the pharmaceutical sector.
“Money alone is not enough. We need technical assistance and enhanced capabilities to improve the system. That is where WHO is playing a critical role.”

Pauline Duya,
Pharmacist, Ministry of Health, Kenya

7 reasons why bolstering pharmaceutical systems is important

1. Poor quality pharmaceuticals and other health technologies are rife in most developing countries. For example, a 2011 WHO study looking at the quality of antimalarial products in African countries found that 39% of products tested in Ghana and 64% in Nigeria were substandard (http://www.who.int/medicines/publications/WHO_QAMSA_report.pdf). Given that most patients in low-resource settings pay for medicines out-of-pocket, this means that they are wasting precious resources on harmful, sometimes life-threatening products.

2. Resource constraints limit the capacity of regulatory authorities to enforce regulation and provide adequate oversight of product quality. A WHO assessment of medicines regulatory systems in 26 Sub-Saharan African countries in 2010 found that none had the necessary capacity to control the quality, safety and efficacy of medicines circulating in their markets. The countries had legal provisions for most essential aspects of medicines control, but lacked resources for adequate regulatory oversight (http://apps.who.int/medicinedocs/documents/s17577en/s17577en.pdf).

3. Drug resistance, as for example antimicrobial resistance, is more likely to occur in countries where the pharmaceutical system and regulation are weak; for instance, if the wrong medicines are prescribed – because there is not enough information; if patients self-medicate – because they cannot afford to go to a healthcare facility; if products are substandard – because of poor quality assurance; or if doctors over-prescribe – because the health workforce is not properly trained.

4. Most developing countries do not have a health insurance or social protection scheme. When they do, it often does not cover all needed services or only covers a small portion of the population. For instance, the Government of Tanzania spends only $1 per person a year on medicines.
Imbalances exist between the types of medicines available. For instance, in many African countries basic medicines for HIV, malaria and TB are generally available through donor-funded procurement schemes. For other conditions, medicines and other health services are conspicuously missing due to a focus in the past years on singular illnesses rather than bolstering health systems. For example, according to data from the Kenyan Health Ministry, cancer is the third leading cause of death in Kenya, after infectious and cardiovascular diseases. Close to 30 000 people die of the disease annually, with no palliative care and often no treatment. There are only 19 health professionals specialised in cancer diagnosis and treatment in a country of 44 million, and they are all based in the capital.

Pricing remains a major barrier to access in sub-Saharan Africa. The 2012 UN MDG Gap Report (http://www.who.int/medicines/mdg/mdg8report2012_en.pdf?ua=1) found that in the public sector, generic medicines are only available in 38.1% of facilities, and on average cost 250% more than the international reference price. In the private sector, those same medicines are available in 63.3% of facilities, but cost on average about 610% more than the international reference price. High prices often render medicines unaffordable, with common treatment regimens costing a low-paid government worker several days' wages. The cost of treatment for chronic diseases is particularly unaffordable because of the need for lifelong treatment.

The transportation and delivery of pharmaceutical products is another important process that needs effective management. As many medicines are susceptible to heat it is important that they are carried and stored in controlled conditions. It is not unusual in low-resourced countries that medicines sit in harbours under the sun for many months because of inefficient supply management. By the time they reach health facilities, these medicines may no longer be effective.

“The first thing patients ask when they front up to a health facility is: do you have medicines? Access to medicines is the foundation of a health system. Without them patients will not seek medical attention and health facilities lose credibility. This project will help to strengthen the pharmaceutical system and give it more visibility so that hopefully medicines will be more readily available, affordable and, above all, safe, effective and quality-assured.”

Donatien Bigirimana,
WHO Medicines Adviser, Burundi
The African, Caribbean and Pacific Group of States (ACP)
ACP is an organization created by the Georgetown Agreement in 1975. It is composed of 79 African, Caribbean and Pacific states.
http://www.acp.int/

The European Commission’s Directorate-General for Development and Cooperation
EuropAid is the Directorate–General responsible for designing EU development policies and delivering aid through programmes and projects across the world.
http://ec.europa.eu/europeaid/index_en.htm

WHO is the directing and coordinating authority for health within the United Nations system.
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