

Insufficiencies in healthcare systems

Actions by research-based pharmaceutical industry

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Overview

- Healthcare challenges across low income countries
- Socially responsible action by the research-based Pharmaceutical Industry – why, how?
- Examples demonstrating Private Public Partnerships by the research-based Pharmaceutical Industry
- Future challenges

WHO urges science to keep world healthy (10/11/04)

- “*Half the world's diseases can be prevented by simple means already available,...*
- “*In Africa,...it is estimated that only between 2-15% of children slept under bed-nets in 2001-a simple, effective and proven method to prevent malaria.*“

Examples of healthcare challenges across low income countries

- Poverty / Funding
 - 3 billion people live on < \$2 / day, healthcare is unaffordable
 - healthcare funding
- Social and cultural factors impacting health
 - stigma of diseases such as HIV/AIDS prevent testing and treatment
 - unequal status of women
- Political will
 - eg taxes levied on essential HIV medicines by some governments
- Failing healthcare systems
 - education, training, doctors, nurses, laboratory testing facilities, secure drug supply chain
 - 600,000 health workers in sub-Saharan Africa serving 682 million people, > 2.5 million needed (WHO)

“AIDS ravaged Africa hit by mass exodus”

The Daily Telegraph 2/11/04

- “In Ghana and Zimbabwe, more than 70% of doctors emigrate....”
- Malawi – 60% nursing positions unfilled due to exodus to the West
- “Africa’s creaking health services are close to collapse.”

Variations in Health Expenditures

Wide variations in income levels within and among countries

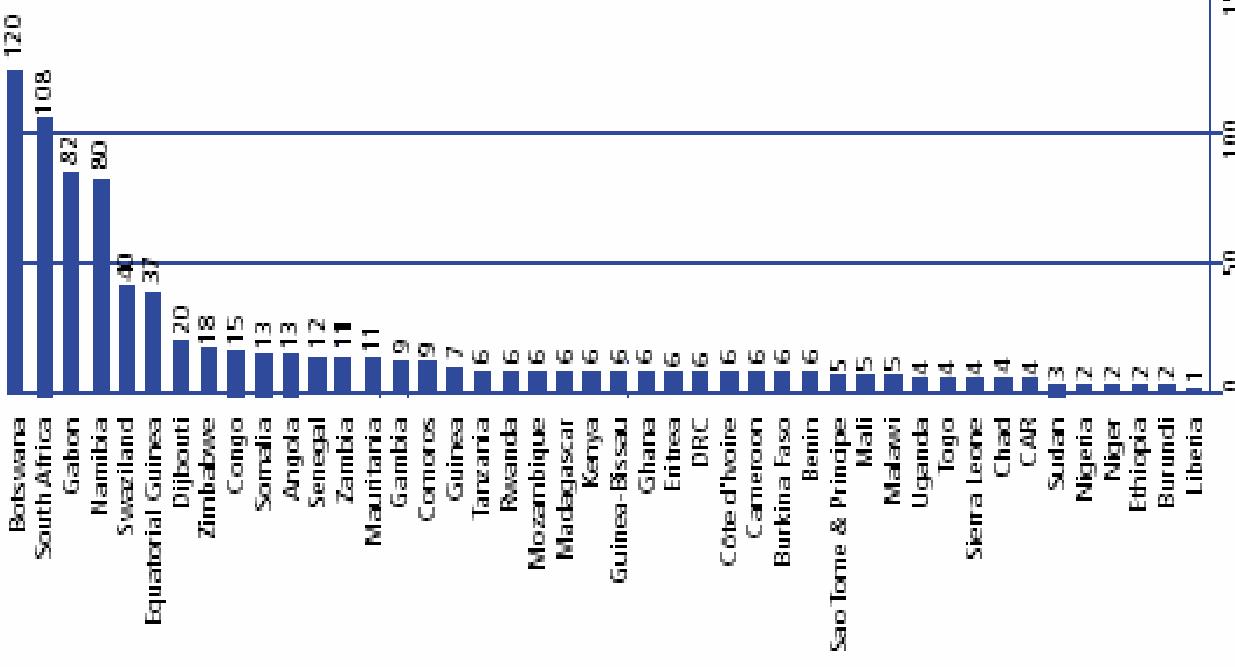
Governmental policies and priorities (US\$ per capita):

- Botswana 120,
- Pakistan 4,
- Liberia, 1
- Ukraine 22,
- Russia 78
- Thailand 39
- Vietnam 6
- Indonesia 4

Total expenditure on health as % of GDP varies

- South Africa 8%
- Senegal 4.8%
- Madagascar 2%

Health expenditure in low income countries deemed as far from sufficient⁶



Socially responsible action by the Pharmaceutical Industry - Why?

- Our primary role:
 - The research-based pharmaceutical industry is a unique source of new medicines which have continuously offered clear benefits to patients, societies and healthcare systems worldwide
 - Research-based pharmaceutical companies have discovered and developed the great majority of existing medicines (www.ifpma.org)
- With so many broad barriers to healthcare, clear need to improve health in a sustainable manner - economically, socially and environmentally

Socially responsible action by the Pharmaceutical Industry - How?

- Corporate Governance - acting transparently and responsibly
- Economic performance - in everyone's interest
- Safety and environmental protection
- Engagement and dialogue with relevant stakeholders
- Private Public Partnerships
- Individual and collective company initiatives to increase access to healthcare and medicines
- HIV/AIDS is not “business as usual”

HIV/AIDS is not “business as usual”

- “To deliver antiretroviral treatment to the millions who need it, we must change the way we think and the way we act.”
- “AIDS therapy is a long-term commitment, not a one shot. We need dramatic and sustained increases in resource and political commitment – including from the hard-hit countries themselves.”

Head of the WHO, Dr Jong-Wook Lee, 2003

Kofi Annan UN Secretary General

April 2001

- “The pharmaceutical industry is playing a crucial role. However, the solution does not lie with the pharmaceutical companies alone. I am calling for a major mobilisation of political will and significant additional funding to enable a dramatic leap forward in prevention, education, care and treatment.”

World AIDS Day message, 2003

- “we are not on track to begin reducing the scale and impact of the epidemic by the target year of 2005”
- “Today, we have the commitment. Our resources are increasing. But the action is still far short of what is needed”

Private Public Partnerships Accelerating Access Initiative (AAI)

- Announced with the UN May 2000
- The first broad-based public/private partnership of its kind, established to:
 - expand the global response to HIV/AIDS
 - find sustainable access to HIV care in resource poor countries devastated by HIV/AIDS, particularly Africa
- Grown to include 7 pharmaceutical companies (Abbott, BMS, BI, GSK, Merck, Gilead and Roche) and 5 UN organisations (UNAIDS, WHO, UNICEF, UN Population Fund, and the World Bank)

Accelerating Access Initiative Principles

1. Unequivocal and ongoing political commitment by national governments
2. Strengthened national capacity
3. Engagement of all sectors of national society and the global community
4. Efficient, reliable and secure distribution systems
5. Significant additional funding from new sources
6. Continued investment in research and development by the pharmaceutical industry
 - HIV can rapidly mutate and become resistant to currently available medicines

Public partner view of AAI progress

March 04

“The AAI experience shows that with political will, commitment and partnership, it is possible to generate and sustain a large jump in access to HIV care and treatment in resource-constrained setting”

***Dr. Jack Chow, Assistant Director-General of
the World Health Organization***

How are research-based pharmaceutical companies playing their part in the solution?

- Continued investment in research & development for tomorrow's AIDS drugs and vaccines
 - In 2003 - 83 new medicines in development for HIV/AIDS
- There is no cure for AIDS
- Committing time, energy, millions of dollars and human resources to support the construction of functioning healthcare systems
- Provision of HIV/AIDS training and education for hundreds of African healthcare professionals

How are research based pharmaceutical companies playing their part in the solution ? (2)

- Price and patent policies for ARVs across sub-Saharan Africa and Least Developed Countries - announced by individual companies - mean neither drug prices nor patents can be considered primary barriers to increasing access to HIV therapy
- Research-based companies are individually supplying ARVs to sub-Saharan Africa at reduced prices, some without profit or free of charge
- Branded ARVs can be lower cost than generics (MSF, www.accessmed-msf.org/prod/publications)

Examples of pharmaceutical company HIV/AIDS partnerships and initiatives

- Merck ACHAP partnership in Botswana
- BMS *Secure the future* programmes
- Abbott and BI PMTC initiative to both test and prevent HIV transmission from mother to baby
- GSK Positive Action encompasses many initiatives
- Gilead access programme involving governments, NGOs, employers and hospitals

Examples of pharmaceutical company initiatives

- The Merck Mectizan Donation Program
 - the single largest, longest standing public/private partnership of its kind. Merck has provided more than 850 million tablets of *Mectizan* free, goal is to eliminate river blindness
- Pfizer's Diflucan Partnership Programme
 - Pfizer donates Diflucan to organisations in sub-Saharan Africa and least developed countries
- Novartis and the Novartis Foundation for Sustainable Development, in cooperation with WHO, have committed to provide free leprosy treatment for all leprosy patients worldwide until end 2005
- GSK – Highlights include donation of 94 million treatments of albendazole to 34 countries through partnership with WHO in the Global Programme to eliminate Lymphatic Filariasis

Examples of Roche Private Public Partnerships

- Donated expertise in industrial drug development and malaria drug development to MMV to support Oz277
 - to increase pace of research, development and affordability of new antimalarials and new treatment strategies
- Roche donated the rights and technology to manufacture Benzonidazole, for Chagas disease, to Brazilian government in 2003
- CTAP - collaboration to increase access to HIV treatment in Cambodia
- CARE programme to widen access to HIV therapy via building up medical infrastructure in 4 African countries

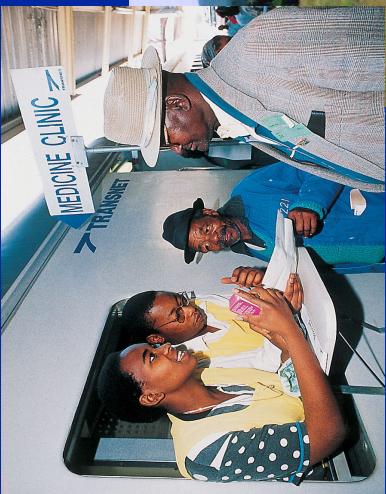
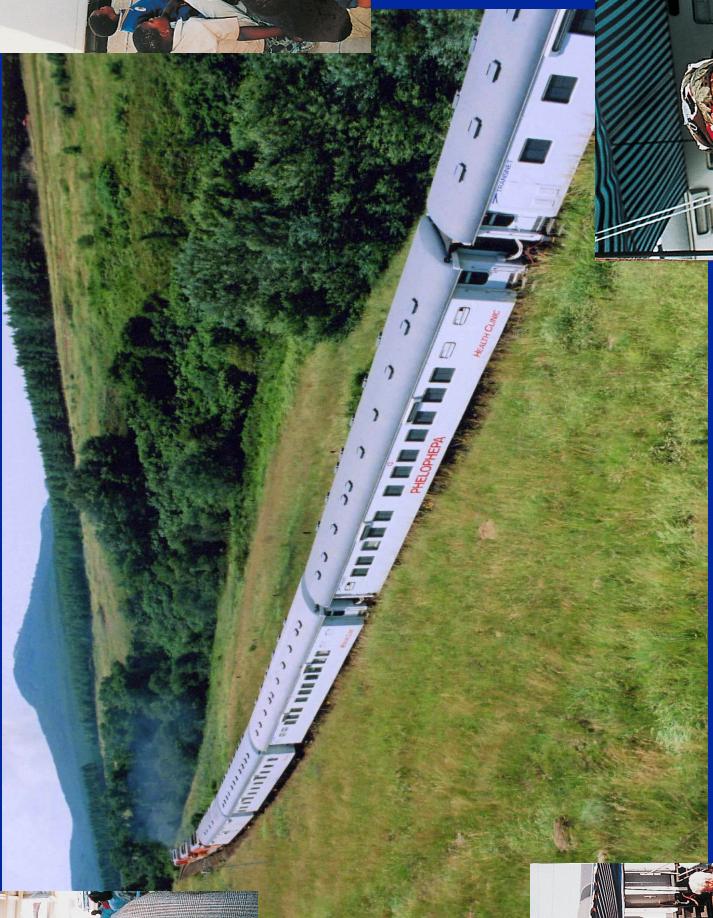
**2004 - HIV/AIDS training for 140 African healthcare professionals, from 14 African countries.
DVD produced to extend learning**



**Dr. Ernest Darkoh, operational manager
for Botswana's effort to expand treatment
with antiretroviral drugs**



Phelophepa “The Train of Hope” – Clinic on tracks



Phelophepa – A clinic on tracks

- Phelophepa was founded in 1993 by Transnet following the “Earth Summit” in Rio in 1992
- Roche has been a sponsor since 1994, together with other private sector organisations
- This train provides basic medical care and training to more than 180,000 individuals annually in rural areas in South Africa
- People living in these areas do not have access to medical care otherwise

Challenges ahead

- Global scale of HIV/AIDS devastation
- Ability to prevent / reduce HIV transmission
- How can “affordability” of healthcare and medicines be defined?
- 3 priority diseases of the developing world identified by WHO need ever increasing funding: HIV/AIDS, TB & Malaria
- Sustained and increased
 - political will
 - global funding

Summary

- Worldwide there are immense disparities of:
 - Income, functioning healthcare systems, healthcare funding and political will
- Global Fund, World Bank and PEPFAR funding available
- Significant actions by pharmaceutical companies designed to increase sustainable access to healthcare and medicines
- We cannot achieve this alone – support needed from all other stakeholders to move forward

Nothing more will really change without:

- Government leadership
- Funding
- Changed behaviour
- Adequate numbers of trained healthcare professionals

