Exploring the future of access to healthcare in lower-income countries [1]

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Because of his job at Novartis, Patrice Matchaba was able to facilitate the procurement of a novel medicine for his 83-year-old mother, who was suffering from heart failure in an intensive care unit in Zimbabwe. It enabled her to walk out of the ICU.

Video of Exploring the future of access to healthcare in lower-income countries

“Does every mother in the village need to have a son who works for a pharmaceutical company [to get treatment]?” Matchaba asked the audience at the third Novartis Social Business [2] stakeholder dialogue at Novartis headquarters in Basel, Switzerland. “What we do well is find new medicines. What we need to do better is to innovate around the business models that allow us to provide medicines to all populations in a sustainable manner.”

Patrice Matchaba, the new Global Head of Corporate Responsibility for Novartis, was speaking to 275 people from the private sector (including other major global pharmaceutical companies), patient groups, think tanks, nongovernmental organizations (NGOs), foundations and the media.

> “We are all here together trying to tackle some of the most difficult problems in the world. It gives me hope. No one of us has the answer – it will require input from everyone to find solutions.” -Patrice Matchaba #NovartisAccess [3] #TalkingNCDs [4] pic.twitter.com/YkSHVWsLXa [5]
>
> — Novartis (@Novartis) November 21, 2017 [6]

Scalable and sustainable solutions are needed

Five billion people in the world already have access to medicine; 2 billion do not, according to Jayasree K. Iyer, executive director of the Access to Medicine Foundation, which has produced the biennial Access to Medicine Index since 2008. It evaluates how pharmaceutical companies make medicines, vaccines and diagnostics more accessible in low- and middle-income countries.

Iyer sees several opportunities to improve access to medicine, including empowering regional and local teams to help overcome access and supply constraints in countries. Only 5% of the products her foundation has evaluated are truly affordable and this must be tackled through more sensitive approaches to pricing and volume generation. Too many access programs are limited; they must be scalable and sustainable.

“I cannot prescribe a single blueprint of how to do access to medicine in various, different markets,” she said. “But I’ll be damned: We have the tools, we have the solutions, we have so many examples of how things can work, so I don’t see why we’re holding back.”

Co-creation and stringent measurement will be paramount to success

Others echoed Iyer’s words. “For all of human history, illness has been universal. Access to care has not,” said Raj Panjabi of Last Mile Health. “But as they say in West Africa and as my dad always told me, ‘No condition is permanent.’ It’s time for all of us to go as far as it takes to change this condition forever.”

> "No one should die because they live too far from a clinic." - @RajPanjabi [7] from @LastMileHealth [8] #NovartisAccess [3] #TalkingNCDs [4] pic.twitter.com/3uiijSSGU1 [9]
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> — Novartis (@Novartis) November 21, 2017 [10]

We need to create completely new “ecosystems” in each country, speakers said, because every country is unique. The solutions will come not just from the pharmaceutical industry but from patients, regulators, government, the supply chain, NGOs and others. Access-to-medicine initiatives must also be more transparent about their successes and failures. And they must measure not only outputs, but also outcomes.

There was a focus on how to deal with governments that have, for good reasons, created regulations restricting the procurement and distribution of medicines. The private sector must find ways to address these restrictions. And governments must find ways to deal with new and innovative business models by, for example, allowing the procurement of entire product portfolios.

We must learn from acute diseases to manage chronic ones

Many health systems in emerging economies were designed to fight communicable diseases such as AIDS, malaria and tuberculosis. Today they must deal with a rapid rise in noncommunicable diseases such as cancer, diabetes and hypertension – and they can and should apply lessons learned.

“The last few decades of cancer have been a story of tremendous progress against the disease,” said Meg O’Brien of the American Cancer Society. “But the victories of those battles

have not been shared equitably. We are way behind building the kind of response we need for this epidemic."

Moreover, developing countries must deal with noncommunicable diseases without the help of many specialists. "Ethiopia has a population of more than 100 million people and there are only seven cardiologists, seven endocrinologists and a few oncologists – maybe five or six – so you can imagine how the care could be compromised," stressed Ahmed Reja Goush of the International Diabetes Federation, Africa Region.

Community health workers and technology will be game changers

Participants emphasized the importance of aligning access-to-medicine efforts with community health workers, and how they can use technology to improve their work.

"We may never fix the doctor-patient ratio in emerging markets but we can make community health workers the first line of defense, with backup from doctors and technology," said Amit Kakar of Bamboo Capital Partners.

Raj Panjabi, of Last Mile Health, is passionate about technology's capacity to increase the power of community health workers, who he trains in his native Liberia. "We think it's time for a collision between the digital education revolution and the community health revolution," he said. Last Mile Health therefore launched the online Community Health Academy to train frontline health workers worldwide.

But Edward Booty of Allied World Healthcare warned against relying too much on technology. "When we're going to a lot of these poorer communities, they're not engaging with technology. So if we just enable a digital approach, we're going to leave out a lot of people who need support the most," he said.

To ensure accessibility of medicines, we must go beyond availability

Technology may also be critical to ensuring that access-to-medicine programs provide an uninterrupted supply of medicines. Procurement must not fail and stock-outs must not occur, as people's health depends on unimpeded availability and accessibility of medicine. Availability of medicine is not enough and does not ensure accessibility of medicine. We must go beyond availability to ensure accessibility.

Pat Garcia-Gonzalez of The Max Foundation summed up this point in personal terms by talking about her friend Herman, who lives in the mountains of Bolivia.

"He's been on treatment for 10 years. He never misses a doctor's appointment. Our job is that when Herman gets to that clinic, after walking a day and a half, we will have drugs available for him."

Additional Resources:

- Novartis Social Business [2]
- 2016 Novartis Stakeholder Dialogue – Improving care for chronic patients in lower-income countries: the patient journey [11]

Links
[1] https://www.novartis.com/news/exploring-future-access-healthcare-lower-income-countries
[2] https://www.novartis.com/our-company/corporate-responsibility/expanding-access-healthcare/novartis-social-business
[3] https://twitter.com/hashtag/NovartisAccess?src=hash&ref_src=twsrc%5Etfw
[4] https://twitter.com/hashtag/TalkingNCDs?src=hash&ref_src=twsrc%5Etfw
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