

Novartis Social Business
Novartis Access



Novartis Access brings affordable treatments for key chronic diseases to patients in lower-income countries.

Today, 70% of all deaths globally are due to noncommunicable diseases (NCDs)¹. Depending on stakeholder demand, we aim to roll-out Novartis Access in 30 low and lower-middle income countries (LMICs) over the coming years.

NCDs, also known as chronic diseases, are growing in LMICs but often patients in these countries are not receiving the medicine and care they need.

Annually, 31 million people die from cardiovascular diseases, diabetes, respiratory diseases and cancers in these countries, representing more than 80% of deaths from NCDs globally¹.

Together, these four groups of diseases account for 80% of all NCD deaths: cardiovascular diseases account for most NCD deaths, or 17.7 million people annually, followed by cancers (8.8 million), respiratory diseases (3.9 million), and diabetes (1.6 million).

When it comes to chronic diseases, donations are important but not scalable enough to make a lasting impact. That is why we need new ways to ensure access to treatments for NCDs.

Program overview

Novartis Access Program contains a portfolio of 15 on- and off-patent medicines, aiming to drive a step change in access to medicines in LMICs. The portfolio is offered as a basket at a price of USD 1 per treatment per month to governments, NGOs and other institutional customers.

The Novartis Access portfolio includes products from Novartis Pharmaceuticals and Sandoz selected based on three criteria: significant health needs, medical relevance, and lack of local access programs. It aims to offer various treatment options, including well-proven and standard first-line treatments, as well as some of the latest treatment choices. Fourteen out of the 15 portfolio medicines are either on or belong to a class on the World Health Organization's Model List of Essential Medicines² and are among the most commonly prescribed medicines.

Novartis has identified 30 countries from the list of 106 countries in the scope of the Access to Medicine Index that lack access to medicine programs and suffer from a disproportionately high NCD burden.

Key Performance Indicators (KPIs)

Key Performance Indicators	2015	2016	2017	Aggregated numbers or period-end information
Number of submissions / approvals for Novartis Access products	41 / 12	329 / 72	132 / 137	502 / 221
Number of new countries in which Novartis Access products are submitted*	9	12	3	24
Number of monthly treatments	39 985	84 448	685 233	809 666
Number of patients reached with Novartis Access products*	3 397	8 470	386 463	398 330
Number of FTEs ² working on Novartis Access*	10	14	25	25

* Externally assured

¹ The patient number was calculated based on treatment delivered and the following elements: daily treatment doses, treatment duration, treatment adherence and potential treatment overlap (as it is common for NCD patients to take several drugs). The treatment adherence and treatment overlap factors are based on assumptions from developed markets and will be revisited when we gain additional insights from Novartis Access roll-out countries.

² Full-time equivalent positions and contractors.

Partnerships are key to the success of the program. We look to governments to assess whether Novartis Access meets their healthcare needs and can be implemented in compliance with their national policies. We partner with governments and NGOs to distribute our medicines on the ground and to raise awareness and strengthen healthcare system capabilities in key NCDs, including training on diagnosis and treatment.

We also work with our partners to minimize price mark-ups for patients on Novartis Access medicines; in Kenya for instance, the end price paid by patients is approximately USD 1.50 per treatment per month.

Two years into the program

Novartis Access started in September 2015. In over two years, the program launched in six countries: Kenya, Ethiopia, Rwanda, Pakistan, Uganda and Cameroon. We have delivered more than 800 000 monthly treatments in four countries and have submitted 502 products in 24 countries.

Starting in 2018, Novartis Access will continue to be rolled out as planned in the public sector in sub-Saharan Africa, Southeast Asia, Central America and Central and Eastern Europe.

We will also test a new approach in seven countries: Cambodia, Laos, Malawi, Nepal, Rwanda, Tanzania and Uganda. There, Novartis Social Business (which comprises Novartis Access) will be responsible for the entire Novartis offering, including the Novartis Access portfolio, sub-portfolios, and single products both in the public and in the private sector.

Boston University has developed a methodology to evaluate Novartis Access and conducted a first baseline study in Kenya. Results from the baseline study (which measures availability and cost of medicines in the therapeutic areas covered by Novartis Access) show there is an enormous difference in availability between NCD medicines and treatments against acute infections, and between public and private facilities. In the public sector, chronic medicines were available around 17% of the time, while acute medicines were available 58% of the time. In the private sector, the difference was even bigger: Chronic medicines were available 25% versus 72% for acute medicines.

Further, while more than 50% of cases were diagnosed in the public sector, more than 40% of the patients bought their medicines in the private, for-profit sector.

These results support the move of Novartis Access into the private sector.

References

1. WHO Noncommunicable diseases fact sheet: <http://www.who.int/mediacentre/factsheets/fs355/en/>
2. WHO Model List of Essential Medicines: <http://www.who.int/medicines/publications/essentialmedicines/en>

Novartis Access is part of Novartis Social Business, a unit which includes the Novartis Malaria Initiative, SMS for Life, the Novartis Healthy Family programs and Sandoz NGO Supply.

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