Striking a Balance for People Living with NCDs Now

NCD Alliance Position Paper for a Global Target on Essential Medicines and Technologies for NCDs

In the recent UN Political Declaration on Non-communicable Disease Prevention and Control, Heads of State and Government agreed to strengthen national policies and health systems that 'give greater priority to surveillance, early detection, screening, diagnosis and treatment of NCDs'. Specifically, Member States committed to:

- improve accessibility to the safe, affordable, effective and quality medicines and technologies to diagnose and to treat them;
- provide sustainable access to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of NCDs, and efficient procurement and distribution of medicines in countries;
- and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level.

The *control* of NCDs, including their treatment and care, is referenced throughout the Declaration and reaffirms 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.² However, the global targets currently under discussion that will measure progress against the Declaration commitments are completely devoid of a focus on treatment and care. The five global targets proposed by WHO solely focus on the risk factors and prevention.³ Not one addresses access and availability of treatment for people who are sick and dying *now* due to NCDs.

A target focused on overall treatment and care of NCDs should be included for global surveillance, given its relevance to the global NCD burden and adherence to established criteria. In particular, a target that addresses access to essential medicines and technologies would ensure benchmarks not only benefit those at risk for NCDs but also people for whom prevention alone is not a viable option. In addition, the WHO essential medicines list should be updated based on a review of those parameters.

The NCD Alliance proposes the following as a target on essential NCD medicines and technologies:

Target: A minimum of 80% availability of affordable, quality essential NCD medicines and

technologies in public and private facilities⁴

Indicator: Physical availability at a representative sample of public and private sector health facilities

of nationally specific essential medicines⁵ and technologies used to diagnose, treat, and

monitor NCDs in that country

Rationale: Without effective medicines and technologies being available at health facilities to diagnose,

treat and monitor NCDs we know that patients will suffer short and long term adverse

effects from their disease.

High epidemiological and public health relevance⁶

NCDs are the leading cause of death globally and in nearly every region of the world, with the majority of deaths occurring in low- and middle-income countries. Further, the proportion of global deaths attributable to NCDs is projected to increase substantially within the next ten years. Population-based prevention should be coupled with individual healthcare interventions, particularly to reduce disease burden in the short- and medium-term. Specifically, evidence from high-income countries suggests that a combination of prevention and healthcare strategies reduces mortality from NCDs. Until population-based interventions to prevent NCDs take effect, delayed diagnoses warrant treatment interventions.

Coherence with major strategies

In addition to improving access to essential medicines through national policies and systems, Member States also commit in the Political Declaration to strengthen international cooperation that supports 'the production of affordable, safe, effective and quality medicines and vaccines' and 'promotion of access to medicines for all'.⁷

An overall strategic objective of WHO is to improve access, quality, and use of medical products and technologies. In fact, WHO has a target of 80% availability of essential generic medicines in public, private, and nongovernmental sectors. Additionally, WHO proposes global indicators to monitor the availability of essential medicines in its Global Action Plan on NCDs. Medical products, including vaccines and technologies, are also a critical component of the WHO health systems framework, and WHO recommends that health systems respond to NCDs by establishing policies and services that improve access to essential generic medicines. Finally, the proposed target aligns with and facilitates progress toward UN Millennium Development Goal 8 and its access-to-medicines target.

Evidence-driven targets and indicators

Many essential medicines used to treat NCDs are available at low cost, particularly when mark-ups are removed. ¹⁴ Governments and organizations have employed pricing indices and incentives to provide affordable, quality NCD medicines as part of healthcare services. ¹⁵ It has been demonstrated in various regions and resource settings that NCD medicines can be available to a broad patient population. ¹⁶ A number of disease-specific indicators for essential NCD medicines are available for further reference.

Existence of unambiguous data collection instruments to set a baseline and monitor changes

WHO and Health Action International have developed standard, validated methodology used for a study of differences in on- and off-patient drug availability in national public and private sectors, ¹⁷ setting a baseline average with opportunities for disaggregated data. While their survey includes widely-used medicines, the process accounts for country variability. However, this survey should be expanded over time to include a greater number and range of essential medicines for acute and chronic conditions.

References

¹ United Nations General Assembly, Sixty-sixth session. (2011). Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (A/66/L.1), para 45 (I).

³ World Health Organization (2011) Second Discussion Paper. A Comprehensive Global Monitoring Framework including indicators and a set of Voluntary Global Targets for the Prevention and Control of NCDs." Geneva, Switzerland.

⁴ WHO sets a target of 80% availability in its Medium-term Strategic Plan. Given this expires 2013 and that NCDs are on target to grow in global burden, the target for 2025 should be greater than that set currently.

⁵ WHO limits these to a list of 30 selected generics in its Medium-term Strategic Plan (2008-2013). The NCD Alliance recommend the list is expanded for 2025.

⁶ World Health Organization. (2011). Global Status Report on noncommunicable diseases 2010. Geneva, Switzerland.

⁷ United Nations General Assembly, Sixty-sixth session. (2011). Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (A/66/L.1), para 46.

⁸ World Health Organization. (2008). Medium-Term Strategic Plan 2008-2013: Strategic Objective 11. Geneva, Switzerland.

¹⁰ World Health Organization. (2008). 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. Geneva, Switzerland.

¹¹ World Health Organization. (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes – WHO's Framework for Action. Geneva, Switzerland.

¹² How to enable health systems to respond more equitably and effectively to the health-care needs of people with NCDs. Noncommunicable diseases and mental health. Retrieved from WHO http://www.who.int/nmh/resource_centre/strategic_objective2/en/index.html

¹³ A global partnership for development. Millennium Development Goals. Retrieved from United Nations Development Programme http://www.beta.undp.org/content/undp/en/home/mdgoverview/mdg_goals/mdg8.html

¹⁴ The NCD Alliance. (2011). Briefing Paper: Access to Essential Medicines and Technologies for NCDs; MSH/WHO. http://erc.msh.org/priceguide ¹⁵ LIVESTRONG. (2011). Delivering Hope: Cancer Care in the Developing World.

¹⁷ Cameron, A., Roubos, I., Ewen, M., Mantel-Teeuwisse, A. K., Leufkens, H. G. M., & Laing, R. O. (2011). Differences in the availability of medicines for chronic and acute conditions in the public and private sectors of developing countries. Bull World Health Organ, 89(6), 412–421.

² Ibid., para 5

⁹ Ibid.