

GLOBAL HEALTH

Making medicine accessible to all

Two billion people on the planet do not have access to medicines. DANIELLE BARRON explores how drug companies are trying to change this

As the rich get richer, and the poor get poorer, we can be simply divided into a planet of haves, and have nots.

What one may view as an automatic right, however, may be seen as a luxury for some people. Medicines fall into the latter category for a staggering two billion of the world's population.

The Irish Forum for Global Health, in partnership with the Centre for Global Health, Trinity College Dublin, recently held an event entitled "2 billion to go: Pharmaceutical Companies' Role in Improving Access to Medicines".

HSE Clinical Programme Lead for Global Health, Dr David Weakliam, opened the meeting by explaining that "AIDS changed everything".

The consultant in public health medicine explained that it was announced earlier this summer by the Joint United Nations Programme on HIV/AIDS (UNAIDS) that the goal of 15 million people on life-saving HIV treatment by 2015 has been met, a full nine months ahead of schedule.

This is an astonishing achievement, and one of the greatest in global health, financing, and development, Dr Weakliam told the audience.

Yet the cup remains half full, and Mr Wim Leereveld, CEO and Founder of the Access to Medicine Foundation, was present to explain how their Access to Medicines Index hopes to build on this and achieve much greater access to lifesaving therapies.

The Index essentially assesses the efforts of pharmaceutical companies to improve access to medicines in low and middle income countries. First completed in 2008, the Index is now published every two years and independently ranks 20 leading research-based pharmaceutical companies on their policies and practices, in relation to specific ranges of countries, diseases and product types.

The most recent Index was published in 2014 (Table 1) and Leereveld explained that competition between companies is fierce – those at the top of the index are willing to work hard to stay there, while others are always trying to improve their ranking.

Indeed Bill Gates, whose charitable foundation funds the Initiative, has been quoted as saying: "The companies at the top want to do more. The ones at the bottom see that and push forward on it."

So just how are the companies ranked? The methodology framework employed by the Initiative is understandably complex, but essentially grades companies in seven technical areas of corporate activity that are key to enabling access to medicines in developing countries. These are:

1. Access to Medicine Management
2. Public Policy & Market Influence
3. Research & Development
4. Pricing, Manufacturing & Distribution
5. Patents & Licensing
6. Capability Advancement
7. Donations & Philanthropy

Company scores in each of these areas are weighted according to their importance for access and then combined to form companies' overall Index ranking scores. The most recent Index, published in November 2014 had GSK top of the pile for the fourth time, followed by Novo Nordisk and Johnson & Johnson.

"You need to show that a company actually has long-term, sustainable, commitments to improving access," explained Dr Jayasree Iyer, Head of Research with the Initiative.

Leaders

So what are companies near the top of the Index doing that is so right?

Iyer explained that leaders perform well across most areas of investigation.

"They typically have strong research pipelines, have pricing strategies that target the poor, and manage IP in ways that stimulate competition. Top performers innovate constantly, usually in several technical areas. However, progress is not equal across all areas or among companies, and there are some areas where the industry as a whole remains static," she said.

She echoed Leereveld's comments that no company is happy with its position on the index.

"It is hard to be number one – it is hard to remain number one and there are many reasons why GSK are number one but they need to continue to prove that their practices are at the very, very top of the rank. But the company that is 20th has 19 other companies to learn from."

Iyer explained that the Index is constantly evolving; refinements to the Index methodology for 2014 brought additional Latin American countries, including Brazil, into the Index's scope, as

well as additional diseases, such as mental health disorders and hepatitis C. The focus of the pricing analysis also shifted, and now solely captures pricing strategies that explicitly take affordability into account, she added.

Donation

In terms of direct donation, Iyer explained that there is widespread belief that donations should not be taken into account by the Index.

"For the very poor, and for specific areas like tropical diseases donations are the only way to eradicate diseases, and we found in the last two years there has been a significant increase in commitment from the pharmaceutical industry in increasing donations."

Iyer also discussed the importance of local stakeholder engagement by companies.

"We used to believe that access to medicines was purely something to be discussed at the headquarters. But now we find about eight companies have found a systematic way of ensuring that stakeholder engagement in terms of ideas and innovation is possible, testing if their ideas are welcome and are making an impact, at the local level. This is increasing over time and will be something we monitor as we work on the next Index."

The 2014 Index highlighted two main areas of concern for industry, according to Iyer: 18 companies have been the subject of settlements or decisions relating to breaches in ethical marketing bribery or corruption standards or competition laws, while almost all companies remain conservative in their disclosure of patient status.

A huge positive, however, is that pricing strategies are becoming increasingly tailored, with companies paying more attention to socioeconomic factors, she explained.

"It is good news and bad news. While they are more tailored, we found that out of 700 products, only a third of them are actually targeting the poorest customers and have shown true affordability. There is still a long way to go – the cup is just one third full. But our report provides something for companies to act on."

In terms of R&D, the most recent Index found that companies with the strongest relevant pipelines also have strong R&D strategies that are based on meeting the needs of patients in low-

The Access to Medicine Index 2014 – Overall Ranking

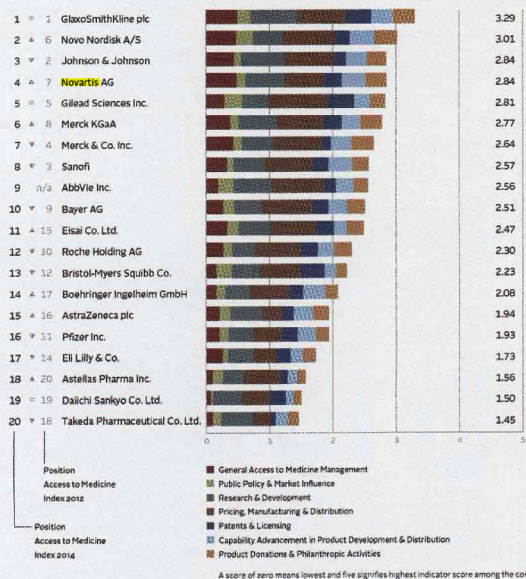


Table 1: The 2014 Access to Medicines Index

come and middle-income countries. Iyer explained that the industry is developing a substantial number of products for high-burden diseases, most of which are already in clinical development.

Promisingly, almost half of product development is now collaborative, with public partners involved, she added.

"The involvement of public partners is directly correlated with greater transparency and access provisions. This may not sound like rocket science to most people as it seems quite logical, but we put a number on it and it turns out that in the last five years there's been a 35 per cent in public private partnerships. This means that the products that reach the market on foot of these partnerships have a much higher chance of being affordable, registered in the right markets and have a price cap of some sort."

The next step

A new Access to Vaccines Index is the next step, and the methodology for this is currently being developed by the Foundation, with support from stakeholders and vaccine experts, and is

planned for publication early in 2017.

"Access to vaccines is an area that people say should be confined to immunisation programmes delivered via Governments but there is still a very strong role for pharmaceutical industry in this. High prices for vaccines have been criticised in the news. We will be looking not only at affordability but manufacturing, distribution and supply," explained Iyer.

As with any ranking system, the question must be asked: are pharmaceutical companies merely competing against each other or are they truly trying to maximise access to medicines in the developing world?

"How I see pharmaceutical companies is that they are like you and me – when they see the problems in those countries they want to help, and they think how can they play a role, like we all do. I believe in the people within pharma companies, but how can those people convince the bosses in the head office of the fact that it is also in their best business interests? There must also be a business incentive otherwise it is not sustainable," said Leereveld. ■