

The Access to Medicine Index & SRHR

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Access to Medicine Foundation

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The Access to Medicine Foundation

access to
medicine
FOUNDATION

Our mission is to guide and incentivise pharmaceutical companies to improve access to medicine in low- and middle-income countries.

We are a non-profit, non-governmental organisation.
We are **fully independent from pharmaceutical companies.**



Ministry of Foreign Affairs
of the Netherlands



BILL & MELINDA
GATES *foundation*



Supported by
World's third-largest
private charity donor

Why?

The impact of positive steps from big pharma

- First licence of Gilead's **tenofovir disoproxil fumarate**: \$42 mn savings = 320,000 patients a year. The Medicines Patent Pool estimates that \$1.4 bn could be saved through voluntary licensing.
- Reduction of price for GSK's **pneumococcal vaccine** from \$3.38 to \$3.05 per dose = \$1 mn savings a year in Myanmar alone
- Merck & Co.'s donation of **ivermectin** for river blindness since 1987: 1.5 bn treatments

How?

Our mechanisms of change

- We clarify responsibilities
- We enable accountability
- We trigger positive competition
- We support internal decision-makers
- We diffuse good practices
- We unleash pressure from investors
- We complement other global health initiatives

Hans Hogerzeil
Chair, Professor of Global Health
at the University of Groningen



Dilip Shah
Secretary General
of the Indian Pharmaceutical
Alliance



Sanne Frost Helt
Chief Advisor, health at the Ministry
of Foreign Affairs, Denmark



Helena Viñes Fiestas
Head of Sustainability Research
(SRI/ESG) at BNP Paribas
Investment Partners (BNPP IP)



Suzanne Hill
Senior Advisor at the Essential Medicines
and Health Products Department
at the World Health Organisation (WHO)



Dennis Ross-Degnan
Associate Professor at Harvard
Medical School and Director
of Research at Harvard Pilgrim
Health Care Institute



Regina Kamoga
Country Manager
for the Community Health and
Information Network (CHAIN) in Uganda



Eduardo Pisani
Director General at the International
Federation of Pharmaceutical
Manufacturers & Associations (IFPMA)



Richard Laing
Professor of Global Health
at the Boston University School
of Public Health, USA



Aurelia Nguyen
Director of Policy & Market Shaping
at GAVI, the Global Vaccine Alliance



**Expert Review
Committee
2016**

60 investors – AUM in excess of USD 5.5 trillion

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*“The Access to Medicine Index
is a very important project.
What gets measured, gets done.”*

*Dr. Margaret Chan
Director-General World Health Organization*



Other comments on our work

“Accountability is indispensable to the full implementation of the right to health, and the Access to Medicine Index plays an important role in promoting the responsibility of pharmaceutical corporations for the right of everyone to access essential medicines.”

*Zeid Ra'ad Al Hussein, High Commissioner for
Human Rights, United Nations*

Other comments on our work

“The work of the Access to Medicine Foundation is powerful because it shows how pharmaceutical companies should integrate access to medicine into their business strategies. This empowers local civil society organizations to advocate for more sustainable initiatives.”

Daniel Molokele, Co-ordinator, Pan African Civil Society Platform on Access to Medicines

Other comments on our work

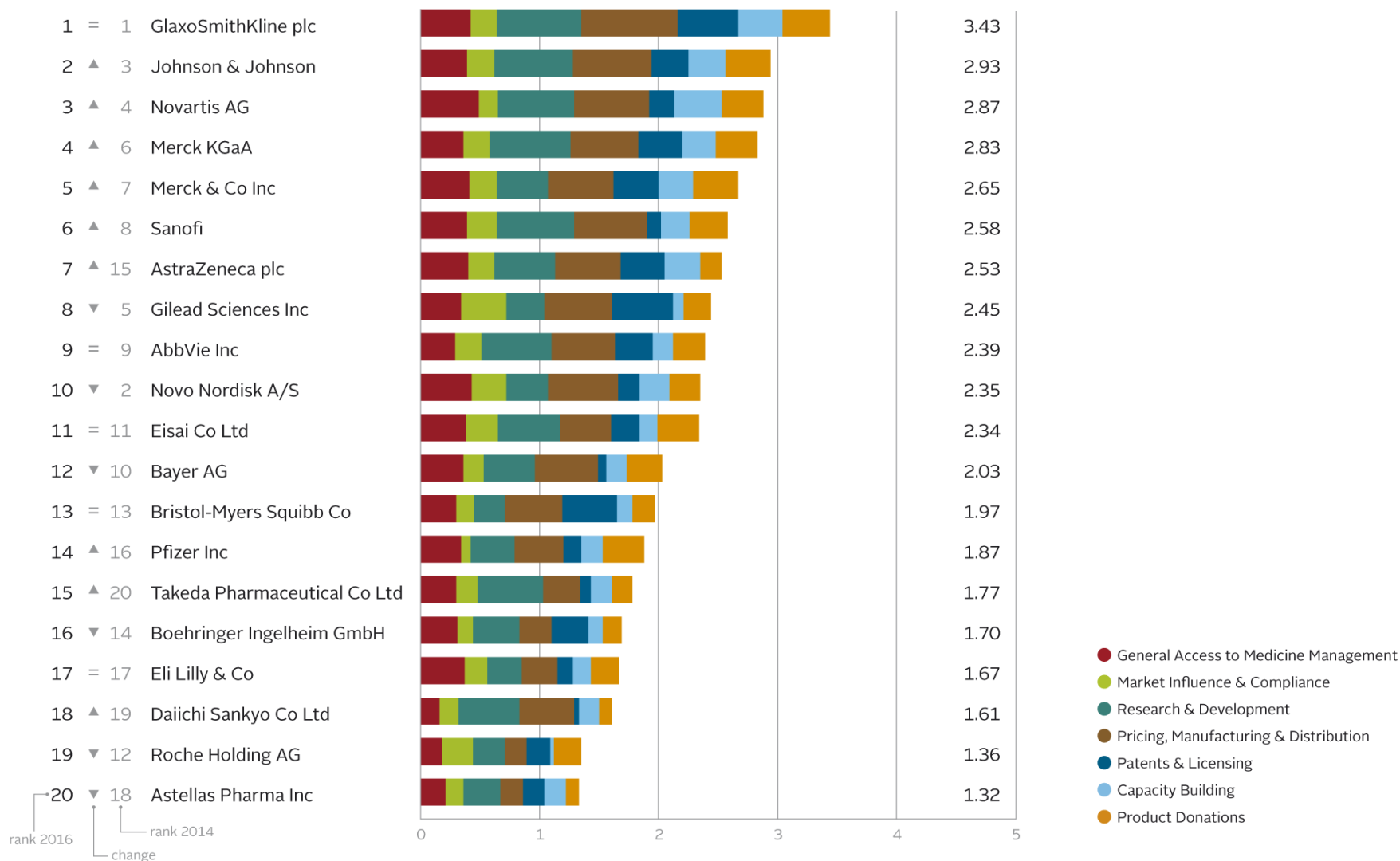
“The first ever Access to Vaccines Index has the potential to be a powerful tool to measure efforts made by vaccine manufacturers to help improve immunisation in countries with the highest need. This Index can help to identify product gaps as well as challenges on affordability, pricing policy transparency, research and development, and supply, to drive positive change and reach more people with life-saving vaccines.”

Dr. Seth Berkley, CEO, the GAVI Alliance

The 2016 Access to Medicine Index

2016 Access to Medicine Index

OVERALL RANKING



A comprehensive report

access to
medicine
FOUNDATION



4

KEY FINDINGS

4

INDUSTRY ANALYSES

7

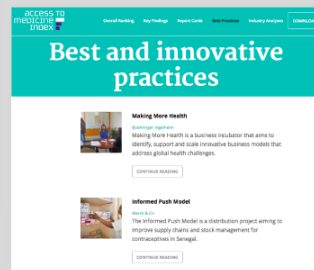
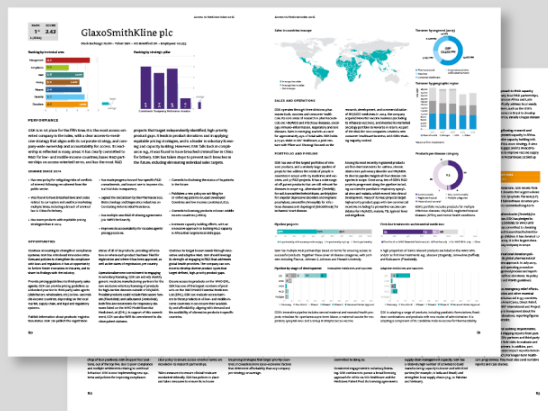
TECHNICAL AREAS

20

DETAILED COMPANY REPORT CARDS

57

BEST AND INNOVATIVE PRACTICES



Disease scope

access to
medicine
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COMMUNICABLE DISEASES



NON-COMMUNICABLE DISEASES



NEGLECTED TROPICAL DISEASES



MATERNAL & NEONATAL HEALTH CONDITIONS



Disease scope

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COMMUNICABLE DISEASES



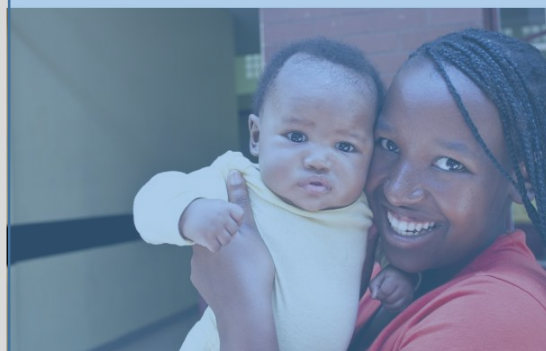
NON-COMMUNICABLE DISEASES



NEGLECTED TROPICAL DISEASES



MATERNAL & NEONATAL HEALTH CONDITIONS



Research & development

ATMI Disease	Specific disease target	Medicines	Vaccines (Preventive)	Vaccines (Therapeutic)	Diagnostics	Microbicides	Vector Control Products	Devices (for reproductive health only)
Contraceptive methods	Reproductive health products*	2						●
Diarrhoeal diseases	Cholera*	●	●		●			
	Cryptosporidiosis*	1	●		●			
	Enterotoxigenic E. coli infection		1		●			
	Giardiasis [Iambliasis]				●			
	Rotaviral enteritis*		1					
	Shigellosis*	●	2		●			
	Typhoid and paratyphoid fevers	●	2		●			
	Other intestinal E. coli infections		●		●			
HIV/AIDS*		17	3		3	●		
Lower respiratory infections	Due to S. pneumoniae*		5		●			
Malaria		30	3		2		●	
Maternal haemorrhage	Postpartum haemorrhage*	2						
Meningitis	Due to N. meningitidis*		●		●			
	Due to S. pneumoniae*		5		●			
Syphilis*		●						
Tuberculosis		19	2	●	●			
Viral hepatitis	Hepatitis C genotypes 4, 5, 6*	12	1		●			

● High-priority, low-incentive product gap, unaddressed by companies in scope

● High-priority, low-incentive product gap, addressed by companies in scope. Includes number of R&D projects.

Blank cell: no high-priority, low-incentive product gap identified by G-FINDER

*Specific product gap identified, e.g., for a new administration route to be developed, or serotypes to be targeted.

Research & development

- Only 4 companies – GSK, Merck & Co., Novartis and Pfizer – are developing products for maternal and neonatal health conditions.
- Merck & Co.: only company with contraceptive methods in pipeline (e.g., heat-stable ring, Ph III).
- GSK and Novartis are both developing heat-stable, inhaled oxytocin (Ph I); Merck & Co. is developing heat-stable, intramuscular carbetocin (Ph III).
- No company is conducting R&D for syphilis.
- GSK has partnered with Save the Children to adapt chlorhexidine & antenatal corticosteroids for low-resource settings

Innovative business models

Figure 3. New business models for 5 companies

Company	Name	Geographic scope	Disease scope
Boehringer Ingelheim	PreCare	Kenya	Stroke
	Coupon/Loyalty Programme	Kenya	Stroke
Eli Lilly	Lilly Expanded Access for People (LEAP)	China	Diabetes
Novartis	Novartis Access	Initially Kenya and Ethiopia	Cardiovascular diseases, diabetes, respiratory illnesses, breast cancer
	Community-based Hypertension Improvement Project (ComHIP)	Ghana	Hypertension
Merck KGaA	Su-Swastha	Rural India	Cough, cold and allergies; immunity and malnutrition; diabetic neuropathy; diarrhoea; and dermatology.
Pfizer	Global Established Products portfolio (business unit)	Global	Multiple diseases

Innovative business models

- 13 innovative business models between 2012 and 2016. Only 3 in maternal and neonatal health.
- *Novartis Healthy Family*. Started in India (expanding to Indonesia, Kenya and Vietnam). Prevention, awareness and treatment (including oxytocin).
- *GSK 20% profit reinvestment*. Started in LDCs, now also Ghana, Kenya and Nigeria. Examples: Amref Health Africa in Tanzania and CARE International in Bangladesh.
- *Pfizer Global Established Product Portfolio*. Governance structure to expand in LMICs.

Capacity Building

	R&D	MANUFACTURING	SUPPLY CHAIN MANAGEMENT	PHARMACOVIGILANCE
ACTIVITY	Companies are more active than in 2014, with a similar proportion of long-term initiatives. Four companies directly target local skills gaps.	Most companies build capacity in-house and with others. Three commit to assessing third-party training needs.	Many best practice initiatives but large scope for better information-sharing, e.g., to report suspected falsified medicines	Majority of companies update their safety labels globally, but sharing safety data is less common.
LEADERS	GSK, Merck & Co., Inc., Merck KGaA, Novartis	AstraZeneca, Daiichi Sankyo, Johnson & Johnson, Merck KGaA	GSK, Johnson & Johnson, Merck & Co., Inc., Novartis, Sanofi	AbbVie, Bayer, GSK, Johnson & Johnson, Novartis
ACTIVE NUMBER	15	18	14	16
GEOGRAPHIC FOCUS	China, Brazil, Kenya and South Africa	China, India and Brazil	Sub-Saharan Africa	Latin America

Capacity Building

- *GSK: mVacciNation*. Partnership with Mozambique Ministry of Health, Vodafone, Gavi and USAID using mobile technology to improve vaccine stock management and tracking of vaccination visits.
- *Merck & Co.: Informed Push Model*. Partnership with Gates Foundation, IntraHealth International, Senegalese Ministry of Health and Social Action to improve stock management for contraceptives.
- *Pfizer: M-Tiba*. Partnership with PharmAccess, CarePay and Safaricom to develop and implement a mobile wallet dedicated to healthcare savings and payments for low-income patients in Kenya.

Patents and licensing

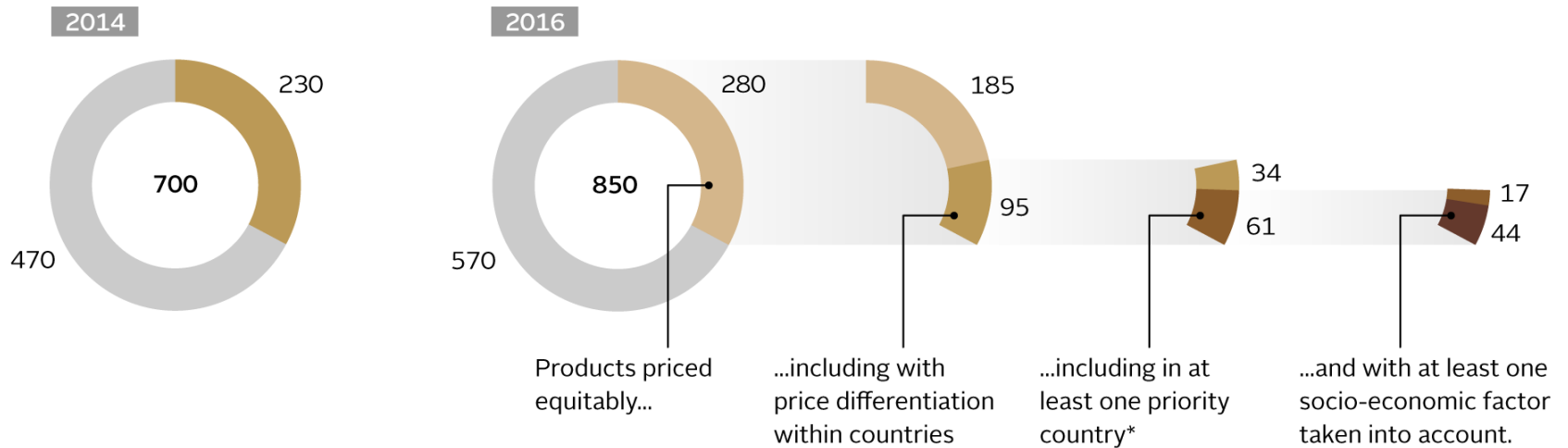


- Covered by licences for at least one HIV/AIDS product AND at least one hepatitis C product
- Covered by at least one licence for an HIV/AIDS product but not for a hepatitis C product
- Not covered by licences for either HIV/AIDS or hepatitis C products
- Not in scope

Patents and licensing

- *Gilead: Tenofovir alafenamide (TAF)*. Product already licensed to the MPP for adult and paediatric use in July 2014, even before FDA and EMA approval.
- *Abbvie: Lopinavir and Ritonavir*. Product licensed to the MPP for paediatric, not adult use. EML. Preferred second-line. Patented in several countries, with demand likely to increase.
- *Johnson & Johnson: Etravirine*. Product not licensed to the MPP for adult or paediatric use. EML. Preferred third-line. Patented in numerous countries.

Equitable pricing



Equitable pricing

- *Pfizer: Sayana Press*. Collaboration with BMGF and ClIFF. \$1 per dose to qualified purchasers. 69 poorest countries identified as a priority by FP2020.
- *Bayer: CSI Initiative*. Lowest commercially sustainable price for contraceptives in second tier market. 11 SSA countries, including Ethiopia, Tanzania and Uganda.
- *Gilead: Tenofovir disoproxil (TDF)*. Combination of intra-countries and licensing. For example, in South Africa, the price of Viread is \$24 for the private market, \$17 for the public market, and \$4 for generic medicines.

Q&A

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