

Improving access to medicines for NCDs in Southern Africa

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A major strategy in reducing the burden of non-communicable diseases (NCDs) is the provision of affordable and effective medicines. Evidence indicates that medicines for NCDs are unavailable in many countries and, in a few instances when they are available, they are largely unaffordable or of poor quality. Health interventions for NCDs in the Southern African region rely heavily on health-care systems that are already overburdened by the demands of communicable diseases (CDs). There are also huge intra-regional differences regarding per capita budgets and expenditure as well as funding sources for pharmaceuticals.

Political commitment

In Southern Africa it has been acknowledged that NCDs are the result of multiple causative factors over the course of a lifetime, and they are now being addressed with a horizontal, integrated approach to care in which the patient, family and entire community actively participate, just as in the case of CDs. This is being achieved through a combination of policies and programmatic options suited to countries' situation where NCDs are being prioritised. In line with the Brazzaville Declaration and the UN High Level Meeting on NCDs, the Southern African Development Community (SADC) is developing a Regional Strategy on the Prevention and Control of NCDs.

At the global level, Commonwealth Heads of Government in Perth, Australia (2011) agreed to:

- Commit to universal access to affordable and quality medicines
- Accelerate the implementation of the Political Declaration of the 2011 UN High Level Meeting on Prevention and Control of Non-communicable Diseases.

Cost factors

The prices at which governments and people purchase essential medicines are being monitored on a continuous basis by the World Health Organization (WHO) and Health Action International. This monitoring system has identified a number of factors responsible for the unaffordable prices of essential NCD medicines in many countries. Duties, taxes, mark-ups, distribution costs and dispensing fees are often high, constituting between 30 and 45 per cent of retail prices and occasionally up to 80 per cent or more of the total. Many of the medicines needed to treat major NCDs are very low cost and could be funded if purchased efficiently (the two key exceptions to this general statement are insulin and asthma inhalants).

Moreover, there is so far no registration approach to fast-track applications for NCD medicines registration. Fast-track registration for medicines is linked to the three largest CD killers (HIV/AIDS, TB

Table 1

Take-up of harmonised guidelines in seven SADC member countries

Harmonised guideline (GL) name	% of all countries where		
	GL is available	GL is being used	Available GL is being used
Application form for registration and its guidelines	58%	42%	71%
Donation of medicines	58%	25%	43%
Clinical trials for human participants	50%	33%	67%
Good manufacturing practice (GMP) guideline	50%	17%	33%
Licensing for export/import of medicines	50%	17%	33%
Licensing of pharmacies and wholesalers	42%	17%	40%
Marketing surveillance	42%	17%	40%
Nutritional supplements	42%	17%	40%
Clinical trials for HIV vaccines	33%	8%	25%
Recalls	33%	8%	25%
Stability	33%	17%	50%
Advertising code	25%	0%	0%
Bio-availability/bio-equivalence studies	25%	8%	33%
Validation (analytical and process)	25%	8%	33%

Figure 1

Market structure

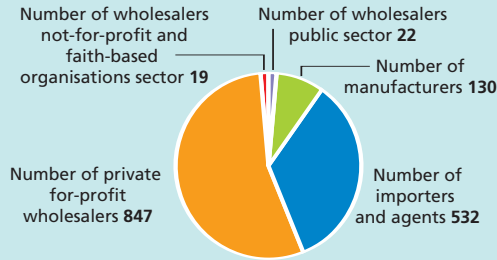
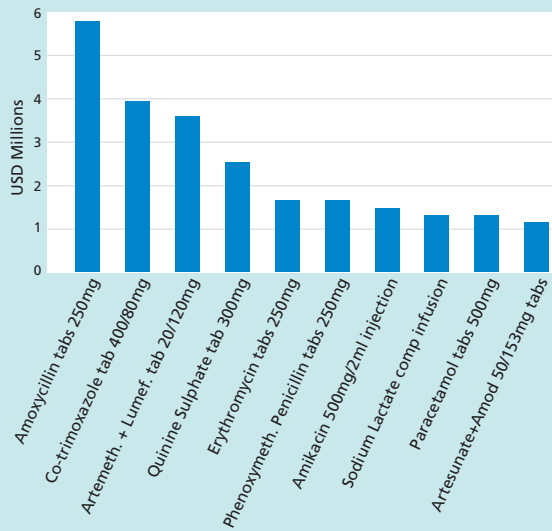


Figure 2

Top 10 products sold in the public sector (excluding ARVs) in eight countries



and malaria); NCD medicines have to go through a stringent registration process that can last from three months to three years.

In summary, the following measures can improve access to medicines for NCDs:

- Investigating and rectifying the low public sector availability and large differences in prices
- Removal of taxes and duties
- Provision of funds for procurement in the public sector
- Promotion of differential pricing initiatives for insulin and the use of the asthma drug facility.

Conclusion: wider factors in effective use of pharmaceuticals

There are substantial gaps in the prevention, diagnosis and treatment of NCDs. Limited access to safe and effective medicines represents only the tip of the iceberg because treatment is also hampered by deficient health system resources and capacity. A lesson from the HIV/AIDS management programme is that a complex challenge such as improving access to NCD medicines needs a multi-stakeholder effort (such as the Global Fund, Clinton Foundation and other partners) to make a fundamental difference.

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