

# Week 3 Introduction

## Module 3

Mariam Sbaiti

16 January 2012

# Week 3: Technology and Access

- Access to health-related technology
- Access to technologies for development

### Week 3: Technology and Access

Mon 16 Jan	9.00-9.45	Mariam Sbaiti	Wrap up for week 2 and Introduction to Week 3	Rothschild LT
	10.00-11.30	Nathan Ford (MSF)	Lecture: Is access to Medicines a human right?	Rothschild LT
	12.00-1.00	Nathan Ford (MSF)	Seminar: Access to Medicines	Rothschild LT
Tues 17 Jan	9.30-12.30	Aulo Gelli (Partnership for Child Development)	Lecture/Seminar: School Feeding/agriculture Programmes	MSc room
<u>Wedn 18 Jan</u>	9.00-12.30	Majid Ezzati Mariam Sbaiti	<b>In-Course Assessment 1: Group presentations</b>	SK SAFB – 119 Seminar room
<u>Thur 19 Jan</u>	9.30-11.00	Judith Cherni	Lecture: Development and Sustainable Livelihoods	Clinical LT
	11.30-12.30	Judith Cherni	Practical: Sustainable Livelihoods	Clinical LT
Fri 20 Jan	9.30-11.00	Angela Burnett (Freedom from Torture)	Lecture: Globalisation and Migrants' health	3 <sup>rd</sup> floor seminar room
	11.30-12.30	Angela Burnett (Freedom from Torture)	Seminar: Globalisation and Migrants' health	3 <sup>rd</sup> floor seminar room

# Some links from week 2 to...

- Week 3: Access to medical products, vaccines and technologies
- Week 4: Global Health Governance
  - Who makes global health policy
- Week 5: Health Systems II
  - What are the implications for a government being reliant on foreign aid as a source of fiscal space?
  - What if there is no health system?

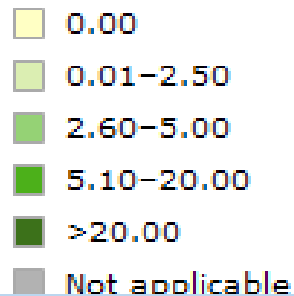
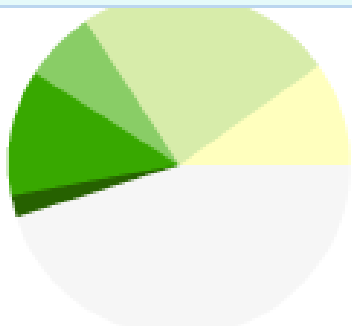
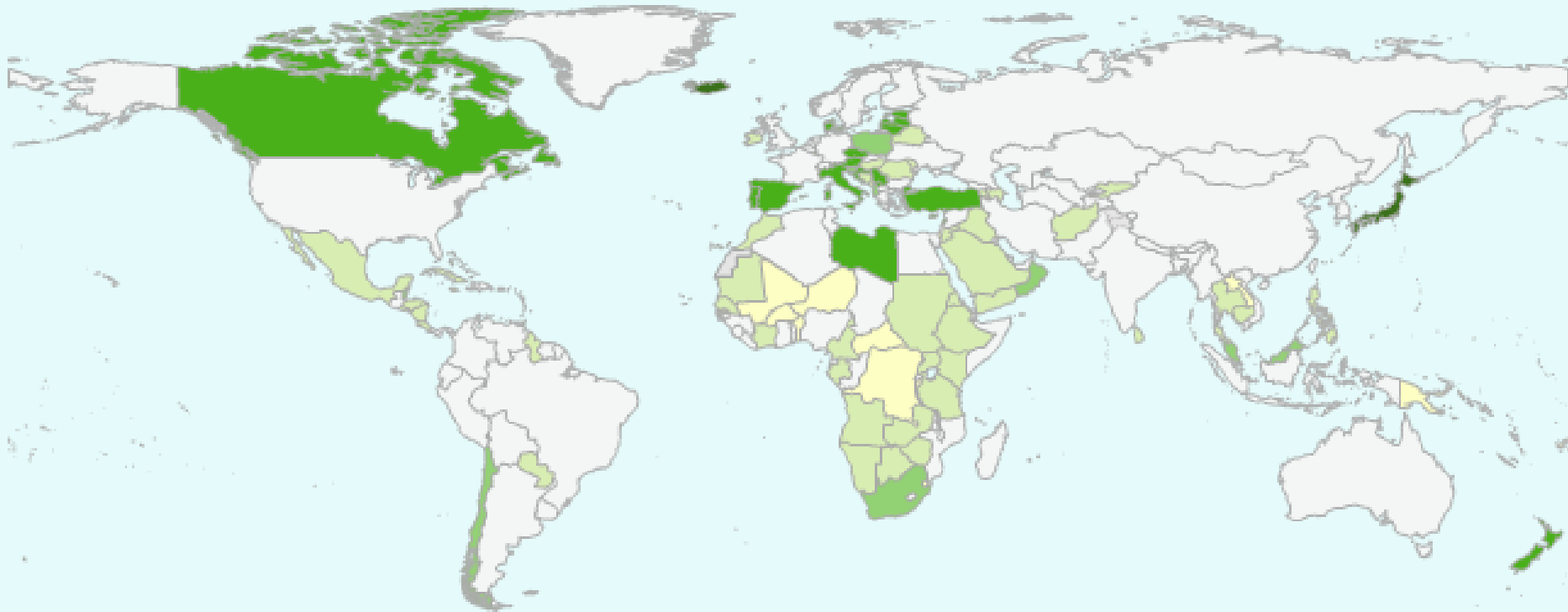
# Access as a component of Health Systems

*A well-functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. (WHO 2011)*

# Medical equipment

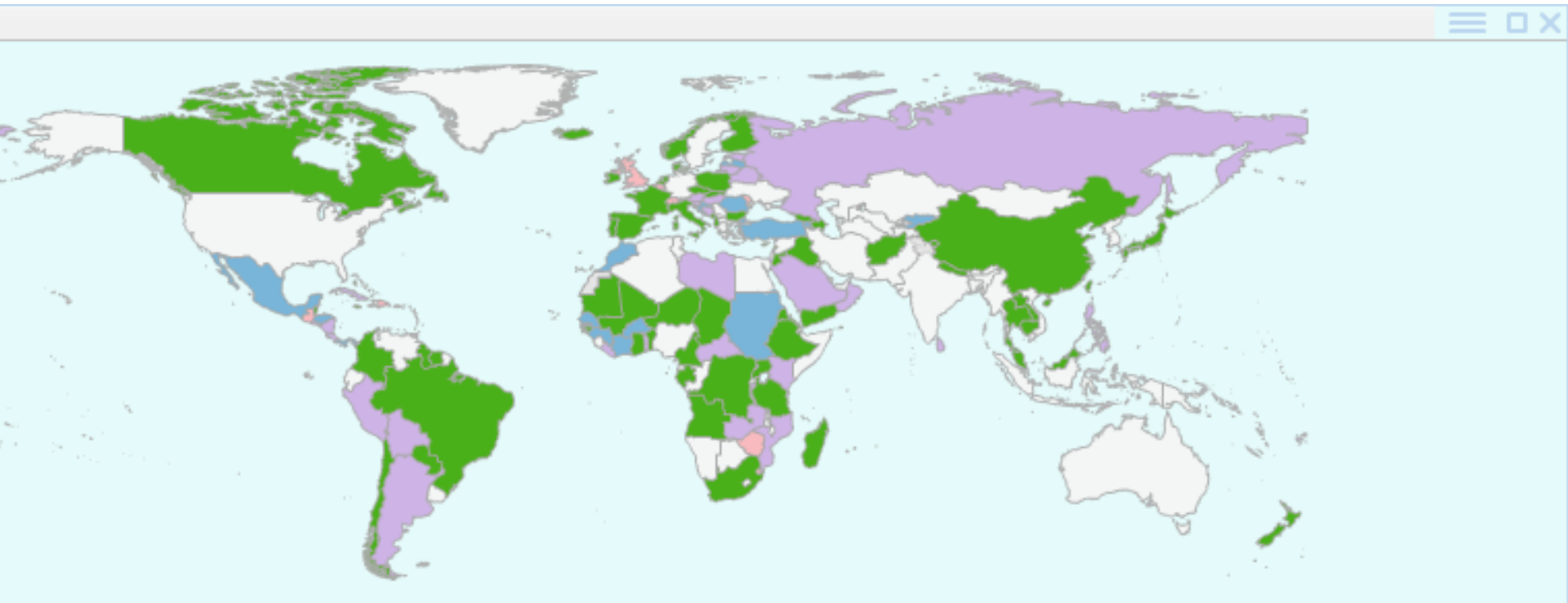
density per 1 000 000 population

Global Health Observatory WHO 2010



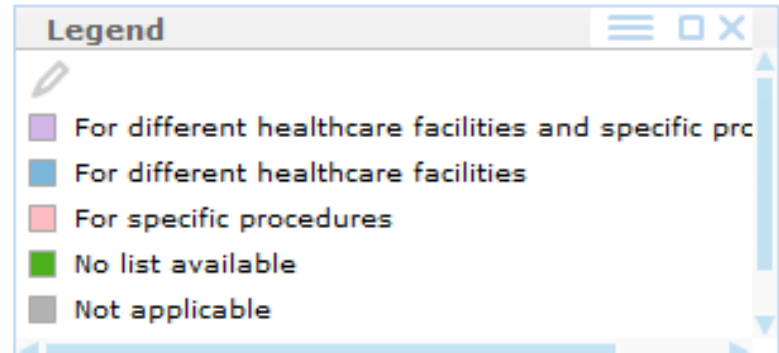
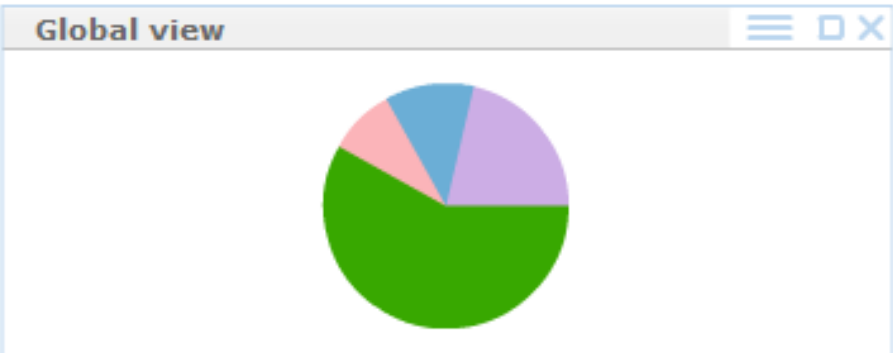
# Policies on Medical Devices

52.3% of 132 countries have national standards or recommended lists of medical devices for different types of healthcare facilities (WHO 2011)



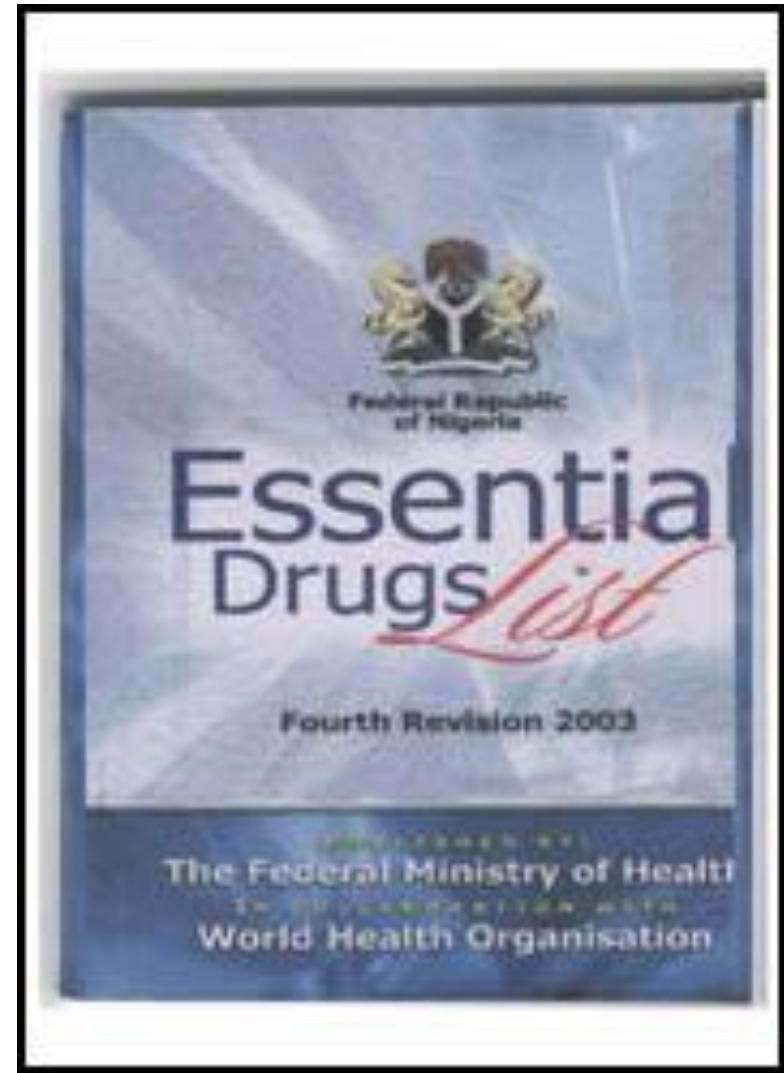
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# *Access to Medicines* on Global Health Agenda

- 1975 WHO Halfdan Mahler – national medicines policy as a priority
- Essential drugs- ‘those considered to be of the utmost importance and hence basic, indispensable, and necessary for the health needs of the population. They should be available at all times, in the proper dosage forms, to all segments of society’
- First model essential drug list 1997 – 224 drugs and vaccines (part of health for all for year 2000)
- Alma Ata 1978 medicines as a basic element of PHC





# Evaluating Cost Effectiveness of Technology

## Prevention and screening for cervical cancer in Thailand

- 2007, Thailand licensed 2 commercial HPV vaccines
  - under pressure from multinational drug industry, international agencies, and patient and professional groups
- Thai government commissions Health Interventions Technology Assessment Programme to:
  - “generate reliable and relevant information to guide health policy choices [...] in Thailand and other similar settings, **especially in developing countries** with limited financial and infrastructure resources.”
- Report:
  - Used Thai cost and epidemiological data on prevalence and risk
  - Compared new vaccine to existing alternatives
  - Concluded: vaccine cost effective only at 25% of the price quoted by the manufacturers
  - current cost per QALY of the vaccine compared with a well implemented national screening programme was 3x Thailand’s GDP pc (about £14 800/QALY)
  - Vaccine not included in Thai universal coverage programme
- *“A decision to adopt a new vaccine into a national program must be guided by country evidence, not market promotion and information from pharmaceutical industry alone.”*



**Experts hope that the since the VIA/cryo procedure allows women to be screened and treated in a single trip, cervical cancer deaths in poorer regions like the Tum Tong subdistrict will begin to decline. Source:**

[http://www.nytimes.com/slideshow/2011/09/27/health/20110927\\_cancer-10.html](http://www.nytimes.com/slideshow/2011/09/27/health/20110927_cancer-10.html)

# NICE International

Since 2008, UK NICE International supports fellow policy makers overseas with:

- adapting guidelines to their own systems;
- assessing effectiveness of health products;
- training clinicians, technical staff, and policy makers;
- setting up transparent, consultative, and independent resource allocation processes



# Importance of Health Technologies

- Access to health care is a fundamental human right
- Key component of any health system
- Pharmaceuticals alone account for a large share of health budget (15.2% of total spent on health globally in 2000)
- Identified as key inputs to MDGs:
  - *MDG 1: Eradicate extreme poverty and hunger*
  - *MDG 4: Reduce child mortality*
  - *MDG 6: Combat HIV/AIDS, malaria and other diseases*
  - *MDG 8: Develop a global partnership for development*
    - *Target 8E: provide access to affordable essential drugs in developing countries*

# Access to ARV therapy

- Disproportionate burden of disease in Sub-Saharan Africa:
  - 68% of total number of people living with HIV and 69% of total new infections
  - 72% of total death from HIV-related illnesses
- Lower costs:
  - 1999 \$12,000 per year
  - 2010 ~ \$80 per year
- Low coverage: 37% of people eligible for ARV therapy were receiving it in 2009 (from 2% in 2002)
- Ongoing challenges to scaling up access to antiretroviral therapy:
  - Enrolment and retention in care
  - Models of care to support further scale up
  - Improving quality of care
  - Ensuring sustained support

# Access to Pharmaceuticals not only about availability

Financing, pharmaceutical workforce, governance and regulation, generation of information and knowledge

## Availability

Upstream: R&D and  
manufacturing

Downstream:  
distribution chain

## Affordability

Sustainable  
funding

Low prices

## Safe and Effective Use

Rational Use

Quality

Safety

Access

*Adapted from Frost and Reich, 2008*


# Technology and Development


- 2 out of 10 people in the world live without access to clean water
- 4 out of 10 lack access to simple pit latrines
- 1.5 billion people still do not have access to electricity a

# Development in the MDGs

- MDG 1 poverty reduction
- MDGs 2–6 basic needs and human development:
  - MDG 3 focused on a particular end regarding one aspect of equity
- MDG 7: both environmental sustainability and basic needs (of sanitation and urban dwellings)
- MDG 8: mainly structural issues in international trading and financial systems and relations

The Lancet Commissions

THE LANCET 

  
London International Development Centre

Lancet and London International Development Centre Commission

The Millennium Development Goals: a cross-sectoral analysis and principles for goal setting after 2015

Jeff Waage, Rajendra Kishor, Olayinka Oluwalana, Ugo Okonko, Wanda Wani, Andrew Oswald, Peter Godfrey-Fausch, Pooja Hemavatsy, Geris Kigabo, Angelika Eder, AnneMarie, Kim Mulholland, Aljays Mahaga, Amy North, Waliporn Patharanarat, Colin Paulson, Virej Tanjcharoenkul, Eileen Unterhalter

**Executive summary**  
The Millennium Development Goals (MDGs) represent an unprecedented global consensus about measures to reduce poverty. The eight goals address targets to increase income, reduce hunger, achieve universal primary education, eliminate gender inequality, reduce maternal and child mortality, reverse the spread of HIV/AIDS, tuberculosis, and malaria, reverse the loss of natural resources and biodiversity, improve access to water, sanitation, and good housing, and establish effective global partnerships. Progress in some goals has been impressive; however, global targets will not be met in some regions, particularly sub-Saharan Africa and south Asia. As we approach the 2015 target date, there is considerable traction in assessment of the progress goals and in consideration of the future of development goals after 2015.

This Commission has brought together several experts on different MDGs from the London International Development Centre to identify cross-cutting challenges that have emerged from MDG implementation so far. This interdisciplinary approach differs from previous MDG studies that have either examined individual goals or made broad sociopolitical assessments of the MDGs as a development mechanism. We used our analysis of cross-cutting challenges as the basis to identify a set of principles for future goal development, after 2015. We emphasize that this report is not an assessment of the MDGs; we focus deliberately on challenges with the implementation of the MDGs so as to inform future goal setting.

The MDGs are an assembly of sector-specific and often quite narrowly focused targets that have their various origins in development ideas and campaigns of the 1980s and 1990s. They were not derived from an inclusive analysis and prioritization of development needs, and this is reflected in the absence from them of a range of key development issues. The variable progress recorded with goals and targets partly indicates a tendency over time to focus on a subset of targets that have proven easier to implement and monitor, or which have stronger ownership by international or national institutions, or both. Complexity and lack of ownership have been particular problems for new targets added later in the MDG process. We provide short analyses of each MDG for those seeking more depth and so set out the evidence for a cross-MDG analysis (see appendix).

Clearly the MDGs have had notable success in encouraging global political consensus, providing a focus

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# Technology and Development

Sustainable development :

Development to meet the needs of the present without compromising the ability of future generations to meet their own needs.

*Brundtland Commission 1987* - World Commission on Environment and  
Development



# Technology and Development

“Partnerships” with the private sector: A new paradigm

“Partnership is a voluntary and collaborative agreement between one or more partners of the UN system and non-state actors, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits” (Nelson 2002)

# Technology and Development

## “Partnerships” with the private sector: Brief History

- 1997: UN reform emphasizing the role of civil society as not only a disseminator of information or provider of services but also as a shaper of policy
  - Civil society: NGOs, academic & research institutions, parliamentarians and corporations
  - Corporations to play an indirect role in UN General Assembly
- 2000: “Towards Global Partnerships”
- 2001: UN resolution to strongly support PPI

# Some characteristics of funding through PPPs

- Corporate funding is often earmarked
- Tensions :
  - International Development Policy vs Industrial Policy priorities
  - High-tech vs low-tech solutions
- Cases:
  - Roll Back Malaria
  - Global Alliance for Vaccines Initiative (GAVI) criticised for introducing more expensive vaccines without evidence base (Brugha & Walt 2001).

# WHO and Partnerships

“The private sector has an important role to play both in technology development and the provision of services. We need open and constructive relations with the private sector and the industry, knowing where our roles differ and where they may complement each other. I invite the industry to join in a dialogue on the key issues facing us. To this end I will propose the creation of a WHO-industry roundtable and convene a first meeting before the end of the year.” (Brundtland 1998)

# References

- Brugha, R. and Walt, G. (2001). A global health fund: a leap of faith. *British medical Journal*, 323:152–4.
- Yang, Alice, Farmer, Paul E. and McGahan, Anita M.(2010). Sustainability' in global health'. *Global Public Health*, 5: 2, 129 — 135.
- International Health Policy Program Thailand, Health Intervention and Technology Assessment Program. Research for development of an optimal policy strategy for prevention and control of cervical cancer in Thailand. 2009.  
[www.hitap.net/backoffice/report/reports\\_display2\\_en.php?id=170](http://www.hitap.net/backoffice/report/reports_display2_en.php?id=170)