

Why medicines?

Essential medicines are a global necessity for all countries from the poorest to the wealthiest. But many people in the poorest countries are struggling to access medicines to save their life or improve their health because of a combination of reasons: high costs, inadequate health systems and poor quality medicines.

A reliable supply of essential medicines and health equipment is a key element of an effective health system.¹ Yet one in three people do not have regular and affordable access to essential medicines.² Access to health care is a fundamental human right recognised by governments throughout the world. Without equitable access to essential medicines, this fundamental human right cannot be fulfilled. The importance of access to essential medicines is also recognised in the Millennium Development Goals.

Why is access to essential medicines so important?

In 2002 there were nearly six million deaths from HIV and AIDS, tuberculosis and malaria. An estimated two million children in developing countries died from perinatal conditions and four million died from just three diseases – pneumonia, measles and diarrhoea. Heart disease, stroke, cancer and other chronic diseases are rising in low income countries. Yet medicines exist for nearly all of these health problems. For example, 40 million people are living with HIV and AIDS in developing countries, but life-saving antiretroviral medicines (ARVs) are available to only 300,000 of the 5-6 million people currently in need of them.² By 2015, an estimated 10.5 million lives could be saved every year by expanding access to existing interventions for infectious diseases, maternal and child health, and non communicable diseases.²

Where has access to essential medicines made a difference?

Thirty years ago, smallpox was the first disease to be eradicated by vaccination. The disease killed nearly a third of people infected. In the 1950s there were an estimated 50 million cases around the world, falling to 10-15 million by 1967 when WHO launched the campaign for the global eradication of smallpox. The last natural case occurred 10 years later in 1977. This public health success was followed in 1988 by an effort to eradicate polio and although there are some reversals, five million cases of paralysis due to polio have been prevented.¹ Immunisation has dramatically reduced the incidence of a range of diseases including diphtheria, whooping cough and tetanus. The number of child deaths from measles has fallen 60 percent since 1999.¹

Access to drug treatment has transformed AIDS into a potentially manageable chronic illness. Emerging data from Botswana suggest that there was an overall reduction in adult mortality of eight percent in just one year (2003-4) after antiretroviral treatment was made widely available in the country.¹ In the 2006 AIDS Epidemic update, UNAIDS/WHO reported that the global impact of scaling up antiretroviral treatment in local and middle-income countries was estimated to be in the order of two million life-years saved since 2002 (790,000 in sub-Saharan Africa alone).⁴

What are the challenges?

Essential medicines save lives, reduce suffering and improve health, but only if they are of good quality and safe, available, affordable and properly used. In many countries these conditions are not being met. Improving access to medicines must address their cost and availability, as well as the quality of medicines currently being sold in both public and private sectors. For example, it has been reported that 40 percent of artesunate drugs bought in South-East Asian markets to treat malaria contained no active ingredient.^{1, 5}

WHO states, “Our vision is that people everywhere have access to the essential medicines they need; that the medicines are safe, effective and of good quality; and that the medicines are prescribed and used rationally”.²

So what are the barriers preventing people from accessing essential medicine?

WHO states the following main reasons:

- **Medicines are unaffordable to many people.** ARVs and artemisinin based anti-malaria medicines are particularly expensive, but other medicines are also unaffordable to poor people.
- **Irrational use of medicines is a major problem.** It is estimated that half of all medicines are inappropriately prescribed, dispensed or sold and that half of all patients fail to take their medicine properly.
- **Health financing mechanisms are unfair.** This leaves households responsible for the cost of medicines and the poorest and sickest are the least able to pay.
- **Medicines supply systems are unreliable.** Failures at any point of a country’s supply system can lead to shortages of medicines. Inefficient procurement systems have been found to pay up to twice the global market price for essential medicines.
- **The quality of medicines varies greatly.** One third of WHO member states either have no regulatory authority or only limited capacity to regulate the market.
- **New medicines are needed.** Over 90 percent of medicines research and development focuses on the medical conditions of the richest 20 percent of the global population. New medicine is needed for diseases that disproportionately affect the poor, especially ‘neglected’ diseases.

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¹ DFID

² WHO

³ Adding it up – the benefits of investing in sexual and reproductive health care (UNFPA / Guttmacher Institute 2003) cited in DFID 2007

⁴ 2006 AIDS Epidemic Update, UNAIDS/WHO

⁵ Seiter A. Pharmaceuticals: counterfeits, substandard drugs and drug diversion. World Bank HNP Brief No 2, 2005 cited in DFID 2007