COALITION FOR ACCESS TO NCD MEDICINES & PRODUCTS

SPECIFICITY OF PURPOSE: CHANGING THE GAME FOR NCDS

Report from the Coalition launch event

Achieving the World Health Organization's target of 80 percent availability of the affordable basic technologies and essential medicines required to treat major noncommunicable diseases by 2025 is no small task, considering the low existing availability in many countries. A critical part of the solution: multisectoral partnership. The Coalition for Access to NCD Medicines & Products launched on September 18, 2017, at the Westin Grand Central Hotel in New York City on the sidelines of the 72nd UN General Assembly. Founding member organizations span ministries of health, nongovernmental organizations, and private companies from around the globe. In all, 98 leaders from across the global health community attended. Founding members and Secretariat PATH invite organizations across sectors to engage, join as members, and be a part of next steps.

There has been a missing connector on NCD access at the country and global levels. The Coalition fills this role.

– Dr. Prashant Yadav, Harvard Medical School

"I am very taken with the Coalition's insistence on the specificity of its focus on access and the clarity of the data on which to base its actions," said **Sir George Alleyne**, director emeritus of the Pan American Health Organization, at the launch of the Coalition for Access to NCD Medicines & Products on September 18, 2017, in New York City on the sidelines of the 72nd UN General Assembly. "Specificity of purpose is one of the secrets of great initiatives."

The multisectoral Coalition for Access to NCD Medicines & Products launched with 16 member organizations[1] from across the globe. These members, including PATH, which serves as the secretariat, together with an equally diverse Technical Advisory Committee,[2] have dedicated themselves through the work of the Coalition to increasing access to essential medicines and health products (EMPs) for noncommunicable diseases (NCDs) to reduce the impact of diseases such as diabetes, hypertension, and cardiovascular disease.

Through technical support, advocacy, and resource mobilization, the Coalition works with ministries of health to address barriers and identify opportunities for the procurement, supply, distribution, and rational use of needed

[1] Ministry of Health, Republic of Kenya; Ministry of Health and Social Action, Republic of Senegal; Ministry of Health, Republic of Uganda; PATH (secretariat); NCD Alliance; Novo Nordisk; Pfizer, Inc.; RTI International; World Economic Forum; World Heart Federation; NCD Child; International Pediatric Association; World Hypertension League; International Federation of Pharmaceutical Manufacturers & Associations; Teva Pharmaceuticals Ltd.; Merck KGaA, Darmstadt, Germany.

[2] Samira Asma, US Centers for Disease Control and Prevention (new in 2017); Tom Bollyky, Council on Foreign Relations; Katie Dain, NCD Alliance; Larry Deeb, Tallahassee Memorial Hospital; Danny Edwards, Access to Medicine Foundation (new in 2017); Marie Ka-Cisse, Ministry of Health and Social Action, Senegal; Joseph Kibachio, Ministry of Health, Kenya; Jean Claude Mbanya, University of Yaoundé I; Helen McGuire, PATH; Rachel Nugent, RTI International; Kaushik Ramaiya, Shree Hindu Mandal Hospital; Prashant Yadav, Harvard Medical School.

products, said **Steve Davis**, President and CEO of PATH.

Such work fills a critical gap, noted **Dr. Prashant Yadav**, visiting scholar at Harvard Medical School and strategy leader-supply chain at the Bill & Melinda Gates Foundation (and member of the Coalition's Technical Advisory Committee). "There has been a missing connector on NCD access at the country and global levels. The Coalition fills this role," he said.

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– Dr. Sania Nishtar, Heartfile

The overarching goal of the Coalition is to help countries achieve or exceed the World Health Organization's (WHO) target of 80 percent availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities by 2025.

The goal is ambitious given the magnitude of the challenge: NCDs are the number one cause of death and disability worldwide, forcing 100 million people in low-resource settings into poverty annually—most of whom are in their prime economically productive years.[3]

But the Coalition's ambition is important, according to Sir George. Paraphrasing the architect Daniel Burnham, he said, "Make no little plans, they have no magic to stir men's blood. Make big plans; aim high [. . .]."

Keynote speaker **Dr. Sania Nishtar**, founder and CEO of Heartfile in Pakistan, commended the Coalition for looking at health systems constraints holistically. "I commend the Coalition for its clarity, for using access to NCD treatment as a comprehensive way to approach health reform, and for its comprehensiveness and inclusiveness as it engages with stakeholders across sectors."

What falling short looks like

The reduction of premature morbidity and mortality from NCDs is possible by using innovation and existing technologies to increase access to NCD prevention and care, yet current availability of EMPs falls far short of what is needed. **Jean Claude Mbanya**, professor of medicine and endocrinology at the University of Youndé I in Cameroon (and member of the Coalition's Technical Advisory Committee), offered a disturbing story that underscores the importance of the Coalition's work, and illustrates just what "falling short" means for many families in low- and middle-income countries (LMIC).

"I used to bring drugs for a little girl with type 1 diabetes each time I traveled to and from Cameroon. One time it took me a lot longer than usual to return to this patient. When I finally returned I saw her father—who always used to seem very depressed—smiling. 'What has happened?' I asked. He answered, 'Have you not heard? My daughter is dead.' I asked, 'Then why are you happy?' He responded, 'Because of her illness, we could not afford to eat, we could not send our other children to school. It was better that she should die so that the rest of our family could live.'"

Prof. Mbanya called this experience typical. "Some people prefer to have HIV than an NCD."

[3] World Health Organization (WHO). *Global Status Report on Noncommunicable Diseases 2010*. Geneva: WHO; 2010.

The story made everyone in the room, including **Peter Singer**, CEO of Grand Challenges Canada, angry. Affordable tools exist and ongoing treatment is a simple part of daily life for hundreds of millions of people in high-income countries. "There's absolutely no reason that the death had to occur," Dr. Singer lamented. And yet this death, and the reaction to it, is typical in many parts of the world.

Indeed, approximately 74 percent of NCD-related deaths occur in LMIC.[3] Why?

Answering this question represents the starting point for the Coalition, whose roots began to grow in 2014 through the *No Empty Shelves: Diabetes supplies, there when needed* project, implemented by PATH together with the Ministries of Health of Kenya and Senegal, with funding from Novo Nordisk and guided by a technical advisory committee. Outputs of the project included studies conducted in Kenya and Senegal. The project reviewed the availability and affordability of NCD EMPs in LMIC, creating a novel dataset that clearly illustrated widely variable availability both across and within countries.

"Without clear, harmonized measurement and metrics, we wouldn't know if we're making things better," clarified Dr. Yadav.

The research explored barriers and enablers to availability, highlighting a critical need for strengthening national and subnational health systems and monitoring processes, as well as supply chain management systems for both the public and private sectors. The resulting irregular supply of affordable NCD EMPs puts people at risk for complications and has a disproportionate impact on poorer populations, as Prof. Mbanya's story so tragically illustrates.

The project also produced a Call to Action in 2015—signed by more than 100 individuals and organizations—that defined a roadmap for future global engagement to improve access to NCD EMPs. The Coalition was the natural next step for PATH in securing commitments to pursue these actions from a wide range of organizations and to clarify implementation.

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>
> *—Katie Dain, NCD Alliance*

"We have achieved critical mass on an issue that was overlooked," said **Soraya Ramoul**, director of global health policy at Novo Nordisk, a Coalition member and founding funder. "Of course, the huge challenge ahead is to take the insights from the *No Empty Shelves* project and translate them into concrete action."

Making big plans, and aiming high

Recognition of global NCD challenges has increased in the global community since the UN High-Level Meeting on NCDs in 2011 and the inclusion of NCDs in the Sustainable Development Goals in 2015. Attention and awareness continue to grow in the lead-up to the next UN High-Level Meeting on NCDs in 2018.

"There is growing evidence around what works, and there are more and more examples of success," said **Katie Dain**, a Technical Advisory Committee member, commenting on progress to date. Ms. Dain is CEO of the NCD Alliance, a Coalition member organization. "The NCD community has done a great job of not trying to build a new silo when we're talking in global health terms. We've always tried to position NCDs as being part of an integrated system."

"What I think needs to change more broadly," Ms. Dain continued, "is that all the big institutions and multilaterals need to be integrating NCDs into what they're doing—not

just at the national health systems level, but also at the international level."

Dr. Rachel Nugent, another Technical Advisory Committee member and vice president for global NCDs at RTI International, a Coalition member, elaborated on that integration: "What we're really after is to be able to deliver NCD prevention, care, and management, along with other health care, in a primary health care setting. Similar to HIV and [tuberculosis]—many aspects of NCD prevention and care can be delivered through primary health care centers and community health care workers. It is possible. It's not too expensive. It's not too mysterious. It's not too hard. It can be done."

It can be done—all agreed. The devil is often in the details, and technical and operational details are the Coalition's specialty.

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– Dr. Rachel Nugent, RTI International

Market-shaping tools are critical, and access and affordability go hand in hand. According to Dr. Nishtar, "In the space of NCDs, many of the drugs that are highly effective are the drugs that are not available in the market because the prices are so low. It's not just the high price end of the spectrum that has to be dealt with but also the low prices of many needed tools, which the private sector does not have the incentive to manufacture anymore."

"One of the key problems for NCDs is major inefficiency in the downstream supply chains, and a general wariness or unwillingness of many incumbent importers and distributors to change the model," noted **Dorje Mundle**, health care practice head at BSR, who attended the launch event, during a spirited room-wide discussion. "We need data to do that—and transparency at the facility level about availability and pricing of EMPs. We need to make that part of corporate commercial activities. Ultimately, we need business model disruption. We need new entrants both on the implementation side and financing side to enable risk-taking across many different countries."

Necessity of the multisectoral approach

Investing in government-run supply systems alone will not move the dial. The private sector is a critical partner in disrupting the business model, according to Dr. Yadav.

"If we want the supply chains to improve, we need the private sector to enter those markets," Dr. Yadav continued, "because the amount of money we need is larger than our current resource envelopes. We need private capital."

One private entrant into the NCD space is The Abraaj Group, an infrastructure investor and private health provider operating in Africa, Asia, Latin America, the Middle East, and Turkey. Abraaj partner **Khawar Mann** sat on the plenary panel at the Coalition launch and offered an example of why the Coalition's multisectoral approach matters so much.

"For our system to be effective in the long run, we want to see local workers employed by the governments get trained in how to diagnose and treat NCDs. For the patients whom we refer to the government health system, there is no way of tracking the diagnostics used or what drugs they're being given. We can't continue to engage. The chain breaks at that point. Imagine if instead, the Coalition helped us connect with government officials. We could collaborate to improve diagnostics and supply chains in a way that maximizes outcomes on both sides."

The Coalition makes such conversations possible in a way that they were not before.

Government ministries of Kenya, Senegal, and Uganda are founding Coalition members, and officials in those countries are deeply engaged in

the Coalition's work, which currently spans 12 countries across the globe.

"I respect the Coalition's genuine partnership with policymakers. I have never met a politician who did not have the will to improve the health of their populations. We can berate them for lack of wallet and lack of technical expertise, but not lack of will," noted Sir George.

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– Sir George Alleyne

Civil society is also a crucial partner.

"Building demand for the Coalition's goals," shared Ms. Dain, "requires a strong civil society movement in low- and middle-income countries. I am very proud to be able to say today that we have 52 national and regional NCD alliances around the world. Six years ago, we didn't have any. That's a real sign of progress, but we still have a long way to go."

Backing up that demand with clear evidence on the problems and their country-specific solutions is a fundamental priority for the Coalition.

The economic case, and beyond

The World Economic Forum (a Coalition member) estimates that by 2030, NCDs will cost LMIC US$14 trillion.[4] But, Dr. Nishtar cautioned, the public sector does not have the institutional capability or the funding to be able to lay out the infrastructure needed for chronic care. "To meet the public objective within such an ecosystem," she added, "we need special financing instruments to offset that financial access and related risk, and that requires bringing together a range of different public and private entities."

The Coalition's financing and costing workstream strives to create compelling, evidence-based cases to support moves from government leaders and private entities alike for more and better NCD funding and infrastructure.

According to a 2015 report produced under the *No Empty Shelves* project, only 1.2 percent of global development assistance for health went to NCD-related interventions in 2011.[5] This number is shockingly low, given that 68 percent of global mortality in 2012 was attributed to NCDs—a proportion that is predicted to rise. Indeed, the majority of NCD services, including procurement of EMPs, is financed by cash-strapped LMIC government budgets, and few quantitative reports are available on insufficient funding specific to diabetes EMPs in low-resource settings.

To meet this challenge, the Coalition is developing costing tools for LMIC and providing technical input to individual countries to inform their respective NCD investment cases.

The appetite for this work is enormous, as Dr. Nishtar attested.

In the year and a half leading up to the Coalition's launch, Dr. Nishtar was one of three nominees for the post of WHO director-general. As part of that campaign, she visited 67 capitals around the world, met with 191 country delegations—some repeatedly—and met more than 180 ministers of health, heads of state, and foreign ministers. "Often," she shared, "the conversations began and ended with an emphasis on NCDs."

[4] Bloom DE, Cafiero ET, Jané-Llopis E, et al. *The Global Economic Burden of Non-communicable Diseases*. Geneva: World Economic Forum; 2011.

[5] PATH. *Diabetes Supplies: Are they there when needed?* Seattle: PATH; 2015.

But this awareness hasn't yet translated into sufficient action. Why?

She explained: "Every time the global health community has aspired to achieve a global health objective at large we've done three things simultaneously: We've had a clear, targeted institutional arrangement. We've had dedicated funding, and we've been very clear on our message to countries about what we want to do. Except for NCDs." The political declaration on NCDs at the UN High-Level Meeting on NCDs in 2011 was important, she recalled, but it lacked the foundation of those other three components.

Moreover, she said, the narrative around NCDs remains fragmented around different resolutions, different asks, and different strategies and frameworks.

So what needs to happen now? Focusing and backing up asks related to NCD EMPs is a key priority for the Coalition.

The clarity of the Coalition's voice will serve it well, Sir George concluded, noting the metaphorical significance of the "launch," coming from an island nation himself. "I know that this good ship, the Coalition, will sail to many parts of the world, bringing tremendous gifts and partnership to those who need them and filling the gaps it has demonstrated need to be filled."

Find out more at path.org/ncd
Contact Helen McGuire