Commonwealth Civil Society Policy Forum 2021
POLICY BRIEF

Carving a roadmap to ensure equitable access to quality medicines and vaccines in the Commonwealth
Carving a roadmap to ensure equitable access to quality medicines and vaccines in the Commonwealth

BACKGROUND
One-third of the world’s population do not have access to essential medicines. Every year out-of-pocket expenditure for medicines worsens inequities and forces approximately 100 million people into poverty.¹ In recent years, high-cost medicines have entered markets, putting the long-term financial sustainability of health systems at risk.² The issue is particularly pronounced in low and middle income countries, many of which are largely excluded from pharmaceutical access schemes, as highlighted in the global Access to Medicines 2021 index.³ Although the scale of the problem may differ in different countries, access is an issue across the Commonwealth, including high-income countries with advanced universal health coverage (UHC).

In preparation for the Commonwealth Civil Society Policy Forum (CSPF) and Commonwealth Health Ministers Meeting (CHMM) 2021, the Commonwealth Health Professions and Partners Alliance (CHPA) conducted a survey of Commonwealth countries to identify the barriers to medicine and vaccine access and factors influencing these. Of the 149 responses, nearly 60% of respondents indicated that access to medicines and vaccines is a significant barrier to effective and equitable patient care (Figure 1a).

Figure 1a: Significance of medicine and vaccine access as a barrier to effective and equitable patient care (n=149)

In your country, in general how significant is access to medicines and vaccines a barrier to effective and equitable patient care?

Lack of access to medicines and vaccines was a common challenge, having a significant impact across all regions. However, access issues are unevenly distributed with disproportionate impacts in Africa, the Caribbean & Americas, and Asia compared with other country regions (Figure 1b).
CONSIDERING A HEALTH SYSTEMS PERSPECTIVE TO MEDICINES, VACCINES AND MEDICAL SUPPLIES ACCESS

Access to medicines is more than availability – it encompasses multiple factors including patient behavioural factors and engagement of multiple stakeholders. Changes to a single aspect are likely to be ineffective if they do not consider the system as a whole (Figure 2). Access thus needs to be considered from a whole health systems perspective, from interlinked factors relating to the individual, the broader societal context, and the health workforce.

At an individual level, a patient-centric approach should be taken to ensure policies respond to diverse populations, catering for all ages, disabilities, the most vulnerable and marginalised in society, and those not able to reach health facilities. Policies alone cannot achieve change if individual barriers to access such as patient health literacy, health beliefs, nonadherence, and vaccine hesitancy, are not addressed through an evidence-based application of behavioural and social science strategies.

At the societal level, contextual factors that influence access include: availability of accurate and timely health information; intellectual property rights; local production; availability of generic medicines; procurement systems and price of medicines; health and pharmacy systems to enable supply; quality assurance; and regulation of supply through formal sources – all underpinned by robust and strategic access policies.
To achieve this system-wide approach, a coordinated and upskilled multidisciplinary health professional workforce is required, to ensure sustainable access to medicines, vaccines and medical supplies. Utilisation of the full skillset of all health professionals, flexible education to support workforce upskilling, and investment in the health workforce to ensure sufficient future workforce are necessary.

Evaluation of the impact of any medicines access policies on health outcomes and disparities need to be built into the health systems approach to ensure outcomes are maximised and health inequities are not widened (see Understanding the Impact of Medicines Policy section below).

Figure 2: Overview of Health systems approach to medicines, vaccines and medical supplies access

**Recommendation 1: Health Systems Approach**

Adopt a health systems approach to overcome inequities in access to medicines, vaccines and medical supplies. This needs to consider factors relating to the individual and the broader societal context, including misinformation, medicines availability, accessibility and regulatory barriers, using a multi-stakeholder approach. This should incorporate evaluation of the impact of access to medicines policies.

**BALANCED REGULATION OF MEDICINES PRICING TO SUIT THE LOCAL CONTEXT**

Pharmaceutical pricing and reimbursement policies play a key role as a contributor to equitable and affordable access to medicines and vaccines. These can include use of internal reference pricing, external reference pricing and value-based pricing. Most countries control the price of medicines except a few, where prices are not controlled (e.g. United-States, Malaysia). Studies have shown that among countries where prices are controlled, affordability and access are better.

However, such policies in isolation may not be sufficient to ensure medicines access. There are multiple ways that access can be regulated. Some of the most effective approaches to ensure access to medicines include whole health systems approaches (see Recommendation 1 and Figure 2), whereby multiple measures relating to price-setting and determining reimbursement are combined with health systems policy interventions.
The most suitable approaches will need to consider the local context: the capacity and resources available in each sector, health workforce diversity and skill mix, and potential imbalances in power that initiatives such as local capacity building should seek to address. Health professionals should be upskilled to support the local production and supply of essential medicines.

**Pricing Transparency**

It is not always clear how much countries pay for medicines. Information asymmetry can disadvantage small, and low and middle income countries, sometimes paying over 30 times the international reference price. Increased transparency can help to improve access, for example through multi-state collaborations to share pricing information.

Medicine prices are often used as a political tool. In this context, price surveys and comparisons are still useful for research and policymaking, though list prices of new medicines often do not reflect discounts and rebates granted by the pharmaceutical industry. Therefore, transparency is required in a broader context of prices research and development costs; investments of sponsors, patent status, safety, efficacy and health systems data; the willingness-to-pay threshold, as well as the methods and processes for pricing and reimbursement decisions. Databases and platforms to share pricing information should be agile and in real time where possible, reflecting local costs, in order to inform both national and regional procurement, and medicines policy decisions.

**Recommendation 2: Price Transparency**

Provide support and technical assistance for initiatives that foster sharing of pricing information to improve access for medicines and vaccines, such as the Commonwealth Price Sharing Initiative, to increase transparency and facilitate more informed price setting.

**MULTI-STAKEHOLDER COLLABORATION TO SHARE TECHNICAL EXPERTISE**

Greater collaboration between all stakeholders across the pharmaceutical industry and health system is essential. Better information sharing and efficient communications is key to ensuring that best practices are adopted, challenges addressed and duplication of effort avoided. This can be achieved by establishing a Commonwealth-led multi-stakeholder forum to address supply chain challenges and foster harmonisation of processes such as regulatory cooperation. At a national level, legislation and policies to foster access require health and finance ministry cooperation. For example, governments should work with research institutions to identify key barriers to access and apply evidence-based principles to overcome identified physical, economic, social and behavioural barriers at an individual and systems level (Figure 2). Key to this is the use of behavioural and social sciences and data science to explore patterns of medicines, vaccines and medical supply use, identifying disparities and modifiable factors to inform strategies for change and address challenges. Governments should support local manufacturing of medicines, enabling production of essential medicines and an increase in supply of low-cost generic medicines, thus ensuring security and sustainability of medicines supplies that are less subject to the fluctuations, which was seen during the COVID-19 pandemic. This provides an economic boost, as well as facilitating autonomy at a country level. This is further highlighted by the survey findings in figure 4. Thus, effective initiatives should build on technical insights and learnings from other settings and benefit from other sectors, such as the pharmaceutical, distribution and supply industries.
Initiatives involving multi-state collaboration, such as through pooled procurement are key to overcoming challenges with transparency and offering more streamlined mechanisms for price decision-making. International collaboration is also key for ensuring medicines quality assurance, and enabling regulatory approval, as a precursor to supply. Regional regulatory harmonisation, such as established in the East African Community, can share technical capacity between states, and streamline processes to reduce the costs of regulatory approval leading to improved medicines access.

Intellectual property (IP) laws can protect and foster research and innovation yet in some instances their inflexibility also contribute to knowledge asymmetries that hinder access to innovative medicines and vaccines. The impact of this has been identified as a key barrier to accessing the COVID-19 vaccines. Multi-sector and state initiatives such as the WHO COVID-19 Technology Access Pool are supporting sharing of knowledge, resources and capacity (e.g. raw materials for medicines) during the current global health crisis. Governments can also improve sharing of innovation through temporary waivers of IP to suit the current global health need.

Lack of access to quality assured medicines through regulated supply routes has been shown to drive patients to seek medicines from sources that may supply falsified or substandard medicines. Additionally, reluctance to trust medicines based on brand or price based on unevidenced claims can hinder efforts to improve access. Mechanisms that facilitate “use of quality-assured generic and biosimilar medicines”, working with national and regional collaborations for regulatory approval can improve access.

Recommendation 3: Local Manufacturers and Medicine Suppliers
Collaborate with and support local manufacturers and medicines suppliers in their region to increase security and sustainability in medicines, vaccines and medical supplies.

Recommendation 4: Vaccine Equity
Work collaboratively with governmental counterparts and civil society, sharing COVID-19 vaccines, contributing to COVAX, addressing vaccine hesitancy and utilizing the full skill set of the multidisciplinary health workforce to facilitate universal access to COVID-19 vaccines for all Commonwealth citizens.

Recommendation 5: Sharing Knowledge & Capacity Building
Take leadership in supporting policy changes towards increased knowledge sharing and local capacity building, including through temporary waivers of intellectual property, contribution to the WHO COVID-19 Technology Access Pool and support for a Commonwealth led multi-stakeholder forum to address supply chain challenges.

UNDERSTANDING THE IMPACT OF MEDICINES POLICY

Without access to medicines, patients often pay catastrophic costs, defined as over 40% of household income. Both can impact future health and wellbeing and lead to poverty cycles. This is more often experienced by marginalised and deprived populations who are most vulnerable to poor health, and more likely for patients in low and middle income countries. Survey results indicate pricing barriers impact healthcare institutions due to availability and high cost, but in particular the effect is most marked in patients and consumers directly with 60% (86/144) of survey respondents strongly agreeing or agreeing medicines are unaffordable to patients (Figure 3a).
This impacts on all medicine classes, though higher cost medicines such as cancer medicines are traditionally more impacted than others (Figure 3b). Fifty percent (77/144) of respondents indicated that access issues to cancer medicines were very or extremely significant. The impact of COVID-19 in particular has affected access to medicines and medical supplies in the sexual and reproductive health area, such as contraception and intrauterine devices, which can have a significant impact on patient care and quality of life.

**Figure 3b: Medicine and vaccine access issues by therapy area**

*How significant are access issues to the following categories of medicines or vaccines?*

<table>
<thead>
<tr>
<th>Therapy Area</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive health medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative and pain management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-communicable disease medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular and diabetes medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious disease medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: N=144, 143, 145, 144, 143, 145, 143, 142 in order from top to bottom
Conversely, providing universal access to medicines can increase prosperity and provide economy wide gains, as modelling studies of low income Commonwealth country health systems have demonstrated. Funding for health should be prioritised if universal health coverage and associated economic gains are to be achieved. Yet there is a lack of well-designed evaluation methods to measure the impact of access to medicines initiatives from a societal and health systems perspective and provide robust ongoing data on the effectiveness of access interventions.

The impact of access on pharmacy services and pharmacy systems in different health policy contexts is not yet understood. Our survey found that access primarily affects community health centres, though again this was fairly evenly spread across all settings (Figure 4) and greater understanding of the contextual drivers of this is required.

Understanding access issues across different contexts is key in order to design multi-level policy initiatives that work with local systems effectively. The role of healthcare professionals including pharmacists has not been explored with regards to improving access to medicines on multiple levels (including development, supply, regulation and supporting patients’ needs). How this can enhance medicines access warrants further study. Researchers and policy makers working together can ensure that future research questions address the challenges and consider barriers to access including social and behavioural barriers, facilitating better policies, as well as sharing of best practices.

It is recommended that health ministers from Commonwealth member states prioritise evaluation of the impact of access to medicines policies to enable them to maximise the efficiency of outcomes and ensure they do not widen disparities.
THE COVID-19 PANDEMIC AND ACCESS TO MEDICINES, VACCINES AND MEDICAL SUPPLIES

The COVID-19 pandemic has exacerbated access to medicines and vaccines, with over 78% of respondents (112/147) in our survey stating that access has been at least moderately affected by the pandemic. One in five stated that access has been extremely negatively affected (Figure 5a).

These results highlight the importance of our recommendations, particularly adopting a multi-stakeholder collaborative approach, sharing of COVID-19 resources and vaccines, contribution to COVAX and addressing vaccine hesitancy through full utilisation of a multidisciplinary health workforce.

Figure 5a: Significance of COVID-19 pandemic on medicines and vaccine access (n=147)

In your country, how significantly has access to medicines and vaccines been negatively impacted by the Covid-19 pandemic?

These issues primarily relate to national shortages followed by issues with pricing and affordability (Figure 5b). The issues impacted over 50% of respondents from all regions, but have disproportionately affected Africa, Asia and the Caribbean & Americas (Figure 5c).
**Figure 5b: Impact of COVID-19 on medicine and vaccine access**

*How has the Covid-19 pandemic impacted access to medicines and vaccines in your country?*

[Bar chart showing responses to various statements related to medicine and vaccine access during the COVID-19 pandemic.]

Note: n=145, 143, 146, 144, 147 from top to bottom.

**Figure 5c: Impact of COVID-19 on medicine and vaccine access by geographic region (n=130)**

*In your setting, has access to medicines been negatively impacted by the Covid-19 pandemic?*

[Bar chart showing responses to the question about access to medicines by geographic region.]
SUMMARY OF RECOMMENDATIONS:

To ensure sustainable and equitable access to medicines, it is recommended that health ministers from Commonwealth member states:

- **Recommendation 1: Health Systems Approach**
  Adopt a health systems approach to overcome inequities in access to medicines, vaccines and medical supplies. This needs to consider factors relating to the individual and the broader societal context, including misinformation, medicines availability, accessibility and regulatory barriers, using a multi-stakeholder approach. This should incorporate evaluation of the impact of access to medicines policies.

- **Recommendation 2: Price Transparency**
  Provide support and technical assistance for initiatives that foster sharing of pricing information to improve access for medicines and vaccines, such as the Commonwealth Price Sharing Initiative, to increase transparency and facilitate more informed price setting.

- **Recommendation 3: Local Manufacturers and Medicine Suppliers**
  Collaborate with and support local manufacturers and medicines suppliers in their region to increase security and sustainability in medicines, vaccines and medical supplies.

- **Recommendation 4: Vaccine Equity**
  Work collaboratively with governmental counterparts and civil society, sharing COVID-19 vaccines, contributing to COVAX, addressing vaccine hesitancy and utilizing the full skill set of the multidisciplinary health workforce to facilitate universal access to COVID-19 vaccines for all Commonwealth citizens.

- **Recommendation 5: Sharing Knowledge and Capacity Building**
  Take leadership in supporting policy changes towards increased knowledge sharing and local capacity building, including through temporary waivers of intellectual property, contribution to the WHO COVID-19 Technology Access Pool and support for a Commonwealth led multi-stakeholder forum to address supply chain challenges.
ACKNOWLEDGMENTS

This policy brief was created to bring together the results of the CSPF 2021 survey and expert feedback relating to the theme of the forum. The draft recommendations that form part of the report were drawn up by the Commonwealth Pharmacists Association, in coordination with the Commonwealth Health Professions and Partners Alliance.

REFERENCES

1. WHO guideline on country pharmaceutical pricing policies. 70 (2020). https://www.who.int/publications-detail-redirect/9789240011878


3. Less than half of key products are covered by pharma companies’ access strategies in poorer countries. Access to Medicine Foundation https://accesstomedicinefoundation.org/access-to-medicine-index/results/less-than-half-of-key-products-are-covered-by-pharma-companies-access-strategies-in-poorer-countries


