



**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Americas**

Essential Medicines for NCD Management

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**Increasing Access to NCD medicines in the Caribbean
22-23 February 2017
Paho Headquarters Washington, D.C.**

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1. Introduction

The burden of NCDs in the Americas

4,8 million

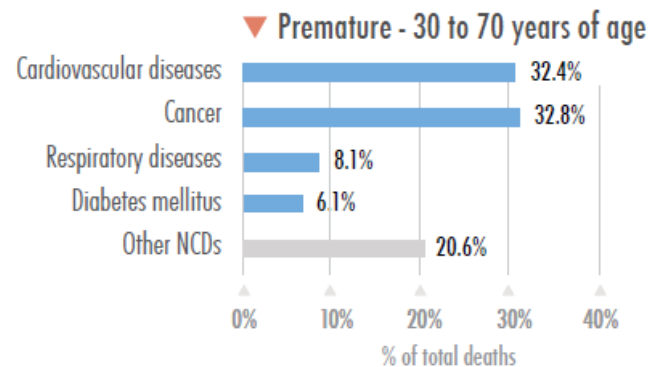
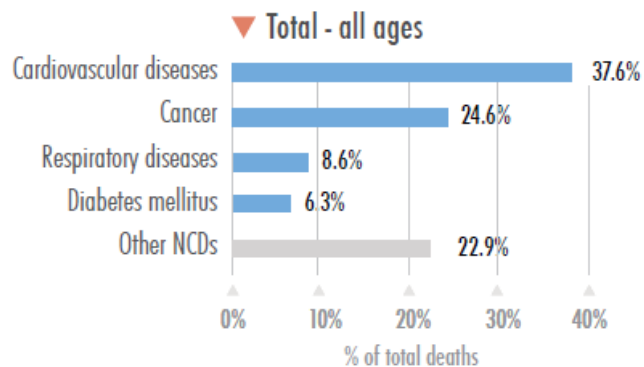
Deaths by NCDs

79%

*Of all deaths are caused by
NCDs*

35%

*Of NCD deaths are
premature*

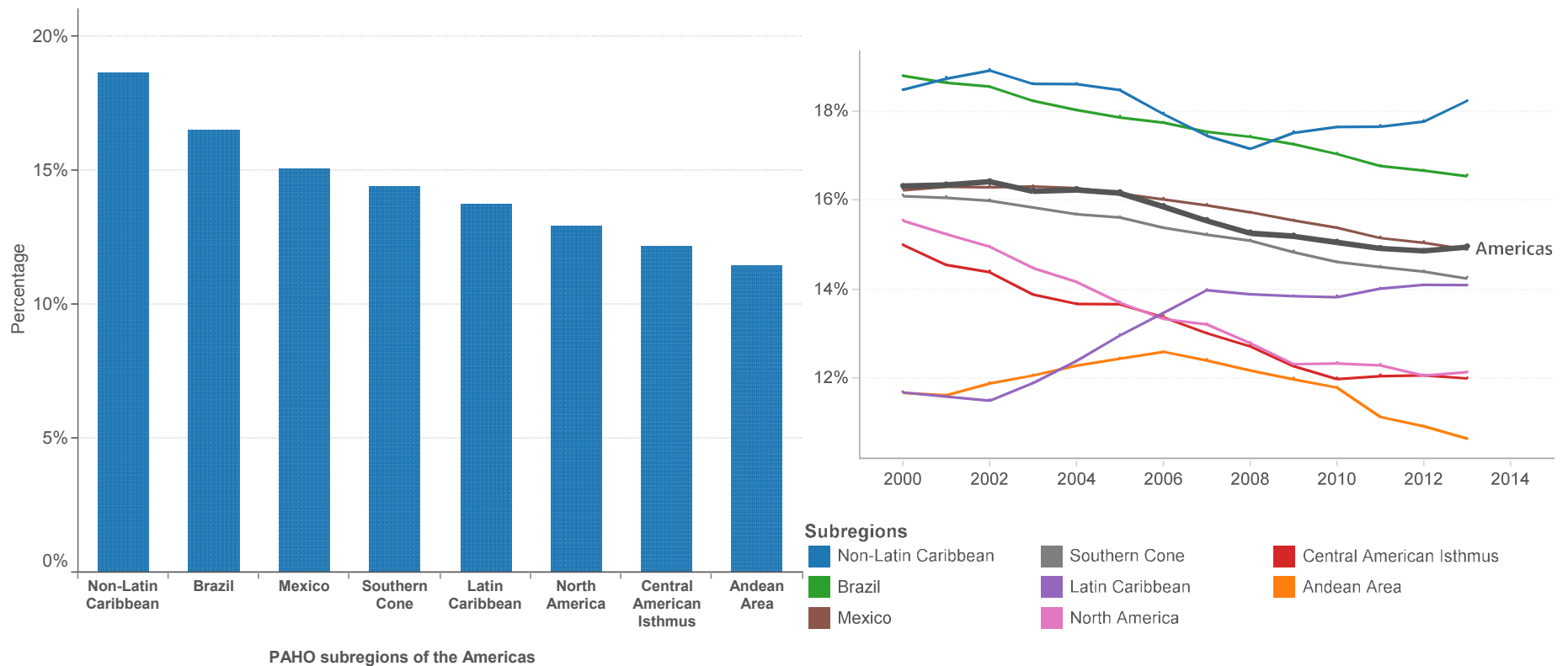


Fuente: PAHO/WHO Regional Mortality Database, corrected data

1. Introduction

Premature Mortality

Unconditional probability of dying between exact ages from 30 to 70 years due to any of the four major NCDs



Source: 2012 estimates, WHO NCD Global Status Report 2014

Source: Regional Mortality Information System. PAHO

1. Introduction

PAHO Plan of Action on NCDs 2013-2019

Specific objective 3.2: Increase access to and rational use of essential medicines and technologies for screening, diagnosis, treatment control, rehabilitation, and palliative care of NCDs

WHO Global NCD Action Plan 2013-2020

Global monitoring framework for NCDs

Target 9 - An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

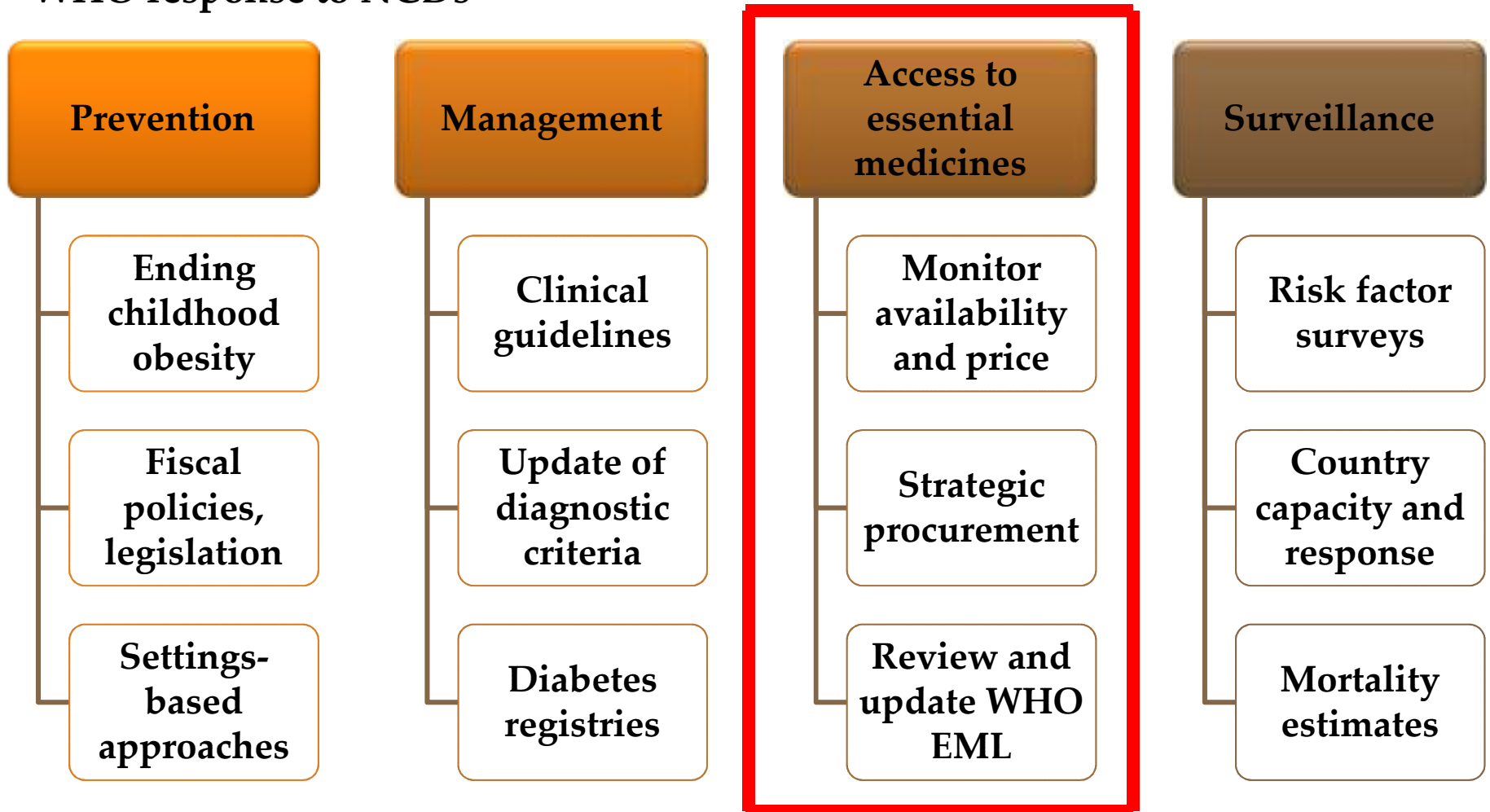
2030 Agenda for Sustainable Development

Target 3.b: Provide access to affordable essential medicines and vaccines for NCDs



1. Introduction

WHO response to NCDs



2. WHO Model List of Essential Medicines

- The WHO Model List is a guide for the development of national and institutional essential medicine lists.
- **Selection:** Selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness.
- **Guiding principle:** A limited range of carefully selected essential medicines leads to better health care, and better medicines management.

2. WHO Model List of Essential Medicines

Process

- Applications invited and received-addition/deletion/modification
- Applications peer-reviewed online by expert committee
- Comments invited from any one interested
- Expert Committee makes final decisions

Source: presentation Nicola Magrini – WHO, EMP IPC Meeting June 6, 2014 WHO Geneva

2. WHO Model List of Essential Medicines

- **1977** 1st Model list published, 208 active substances
- List revised every two years by WHO Expert Committee
- 2002 Revised procedures approved by WHO (EB109/8): more evidence-based, more transparent and participated process
- **Last revision EML (April 2015): 410 medicines**

2. WHO Model List of Essential Medicines

Cardiovascular diseases	Aspirin, statin, angiotensin converting enzyme inhibitor, thiazide diuretic, long acting calcium channel blocker and beta-blocker
Chronic Respiratory Diseases	Bronchodilator, steroid inhalant
Diabetes	Metformin, insulin

2. WHO Model List of Essential Medicines

Cancer

Cytotoxic and adjuvant medicines <i>All-trans retinoid acid (ATRA)</i> <i>Allopurinol</i> <i>Asparaginase</i> <i>Bendamustine</i> <i>Bleomycin</i> <i>Calcium folinate</i> <i>Capecitabine</i> <i>Carboplatin</i> <i>Chlorambucil</i> <i>Cisplatin</i> <i>Cyclophosphamide</i> <i>Cytarabine</i> <i>Dacarbazine</i> <i>Dactinomycin</i> <i>Daunorubicin</i>	<i>Docetaxel</i> <i>Doxorubicin</i> <i>Etoposide</i> <i>Fludarabine</i> <i>Fluorouracil</i> <i>Filgrastim</i> <i>Gemcitabine</i> <i>Hydroxycarbamide</i> <i>Ifosfamide</i> <i>Imatinib</i> <i>Irinotecan</i> <i>Mercaptopurine</i> <i>Mesna</i> <i>Methotrexate</i> <i>Oxaliplatin</i> <i>Paclitaxel</i> <i>Procarbazine</i> <i>Rituximab</i>	<i>Tioguanine</i> <i>Trastuzumab</i> <i>Vinblastine</i> <i>Vincristine</i> <i>Vinorelbine</i> Hormones and Antihormones <i>Anastrozole</i> <i>Bicalutamide</i> <i>Dexamethasone</i> <i>Leuprorelin</i> <i>Hydrocortisone</i> <i>Methylprednisolone</i> <i>Prednisolone</i> <i>Tamoxifen</i>
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Package of Essential Noncommunicable (Pen) Disease Interventions for Primary Health Care in Low-Resource Settings (WHO 2010)

Core list of medicines required for implementing essential NCD interventions in primary care

For Primary Care facilities with Physicians

(for PC facilities with only non-physician health workers most of the medicines below are required for refill of prescriptions issued by physicians at a higher level of care)

Thiazide diuretic	Ibuprofen
Calcium channel blocker (amlodipine)	Codeine
Beta-blocker (atenolol)	Morphine
Angiotensin inhibitor (enalapril)	Penicillin
Statin (simvastatin)	Erythromycin
Insulin	Amoxicillin
Metformin	Hydrocortisone
Glibenclamide	Epinephrine
Isosorbide dinitrate	Heparin
Glyceryl trinitrate	Diazepam
Furosemide	Magnesium sulphate
Spironolactone	Promethazine
Salbutamol	Senna
Prednisolone	Dextrose infusion
Beclometasone	Glucose injectable solution
Aspirin	Sodium chloride infusion
Paracetamol	Oxygen



Package of Essential
Noncommunicable (PEN) Disease
Interventions for
Primary Health Care
in Low-Resource Settings



2. WHO Model List of Essential Medicines

- The first list of priority medical devices for cancer cure to support countries in the implementation of the Action Plan for NCDs full cancer segment of the Essential Medicines List:
- 52 products were reviewed and 30 treatments confirmed in 2015, with 16 new medicines included in the List (the largest single package since the list began in 1977) i.e. Trastuzumab for breast cancer
- Treatments for cancers such leukemia and lymphoma, added to set a global standard.
- The latest EML for children included specific medicines for cancer: 22 cytotoxic and adjuvant medicines , 1 antihypertensive medicine (enalapril), and 2 medicines used in heart failure (digoxin and furosemide).

2. WHO Model List of Essential Medicines

Situational brief for essential medicines for NCDs (global level)

Cardiovascular diseases	<ul style="list-style-type: none">• Use of cardiovascular medicines higher in high-income countries than use in low-income countries• Availability of medicines higher in the private sector and less affordable in the public sector
Chronic Respiratory Diseases	<ul style="list-style-type: none">• Availability of salbutamol inhalers is higher in private sector than in public sector (60% compared to 29%)• 334 million of sufferers asthma worldwide. Inhaled corticosteroids not affordable compared to bronchodilators in low-income settings• Asthma medicines are not being systematically included in national essential medicines list of countries
Diabetes	<ul style="list-style-type: none">• Insulin still unaffordable in many low-income countries.• Market for insulin still does not allow space for generic competition to drop prices
Cancer	<ul style="list-style-type: none">• Access to care for cancers in poor in low-and middle-income countries and data on the availability and affordability of cost effective and quality-assured cancer medicines are still limited

Source: Essential medicines and basic health technologies for NCDs: towards a set of actions to improve equitable access in Member States. WHO Discussion Paper, 2 July 2015

3. Barriers to access to essential medicines

- Rational selection and use:
 - a) Lack of alignment essential medicines / procurement and reimbursement lists in countries
 - b) Poor implementation and use of standard treatment guides
 - c) Lack adherence to good prescription practices
- Affordable prices:
 - a) High markup and taxes
 - b) High prices due to existing Intellectual property Rights for medicines still under patent
 - c) Accountability measures for NCD programmes
- Sustainable financing:
 - a) Slow / partial implementation of UHC strategies
 - b) Insufficient funding for NCD programmes
- Reliable health and supply systems:
 - a) Poor use of risk pooling and sharing mechanisms
 - b) Weak surveillance and information management systems
 - c) Strict regulation (i.e. medicines for palliative care)
 - d) Hampered capacity for local manufacturing
- Quality of the medicines

4. Recommendations



- Provision of viable and sustainable financing options;
- Generic promotion policies;
- Use of evidence based guidelines for the treatment of NCDs;
- Adequate and reliable procurement systems for basic health technologies and essential NCD medicines;

4. Recommendations



- Advance towards the implementation of Universal Health Coverage;
- Improve availability of affordable basic technologies and essential medicines;
- Develop and implement a palliative care policy using cost-effective treatment modalities;
- Explore health financing mechanisms and innovative economic tools supported by evidence (PAHO Strategic fund)

Thank you