

No Empty Shelves

Calling for access, availability, and affordability of essential medicines and technologies for noncommunicable diseases



PATH/Jolene Beltz

Noncommunicable diseases (NCDs) are a major public health concern with significant social and economic implications. Four NCDs—diabetes, cardiovascular disease, cancer, and chronic respiratory disease—are now the leading cause of morbidity and mortality worldwide. Nearly 80 percent of NCD-related deaths occur in low- and middle-income countries (LMICs), where the essential medicines and technologies (EMTs) to diagnose and treat NCDs are often unavailable at health facilities.

Global targets have been set to decrease NCD-related morbidity and mortality. A critical success factor is the availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in public and private health facilities. LMIC policymakers, the private sector, multilateral institutions, technical partners, financial contributors, and advocates must collaborate to strengthen health and supply systems that ensure affordable access to appropriate and quality-assured EMTs for NCDs.

On the occasion of Universal Health Coverage Day, we would like to highlight the critical link between universal health coverage (UHC) and access to affordable, quality EMTs to treat NCDs in LMICs. We call on our colleagues to join us in our efforts to reach the World Health Organization's (WHO's) *Global Action Plan for the Prevention and Control of NCDs 2013-2020 (GAP) target of 80 percent availability of affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private health facilities. Today, the majority of countries are not on track to meet this target.*

A recent study shows systemic barriers that are likely common to all NCD EMTs.¹ Diabetes EMTs, including antihypertensives and statins, are rarely available in 80 percent of public or private facilities and are least available in the public sector, rural areas, and at the lowest levels of care. Systems for procurement and distribution of diabetes EMTs

do not meet existing needs and are not prepared to meet the projected demand related to increasing diabetes prevalence. Affordability and financing of EMTs are also serious problems in LMICs. Data gathered from 596 communities in 18 countries on four cardiovascular disease medicines, further strengthens the evidence that these medicines are unavailable and unaffordable for a large proportion of LMICs.²

Our signatures reflect our commitment to playing our respective roles to achieve the global targets set by the GAP and the Sustainable Development Goals (SDGs) that will significantly decrease NCD-related morbidity and mortality.

- According to the WHO, a multi-stakeholder approach is essential to meet the GAP target of 80 percent availability.
- SDGs 3.4 and 3.8 are integrally linked to one another. A one-third reduction in premature mortality through prevention and treatment of NCDs (Goal 3.4) requires achievement of UHC, including access to quality essential health care services and access to safe, effective, high quality, and affordable essential medicines and vaccines for all (Goal 3.8).

WE CALL ON POLICYMAKERS IN LMICs:

- To integrate NCDs into activities to strengthen the health and supply systems in the public and private sectors, including strategies to achieve UHC.

WE CALL ON MULTILATERAL INSTITUTIONS AND TECHNICAL PARTNERS:

- To build the evidence base to support policy and systems change.

WE CALL ON FINANCIAL CONTRIBUTORS:

- To include NCDs within programs that support strengthening of health systems, regulatory authorities, and supply chains.

WE CALL ON ADVOCATES:

- To engage civil society and join with people living with NCDs to advocate for continual access to affordable and high quality EMTs with their community leaders, policymakers, and governments.

WE CALL ON THE PRIVATE SECTOR:

- To partner and contribute towards the design and implementation of solutions to address access to affordable, quality-assured EMTs in LMICs.

1 PATH, *Diabetes Supplies: Are they there when needed?* Seattle: PATH; 2015.

2 Khatib R, McKee M, Shannon H, et al. Availability and affordability of cardiovascular disease medicines and their effect on use in high-income, middle-income and low-income countries: analysis of the PURE study data. London: *Lancet*; 2015. Available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00469-9/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00469-9/abstract)