Improving Access to Essential Medicines Workshop

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Novo Nordisk - global presence

- Founded 1923
- Headquarters Denmark
- Employees 33,000+
- Sales in 190 countries
- Affiliates 75 Countries
- Production 7 countries
- R&D facilities 3 countries
- Global market share 50 %
- 2011 sales EUR 8.92 billion
The Triple Bottom Line is how we do business

“Our business philosophy is one of balancing financial, social and environmental considerations – we call it the Triple Bottom Line”.

The Novo Nordisk Way
Types of Diabetes

- Type 1 diabetes (10%)
  - Pancreas does not produce insulin
  - Treatment: replacement with insulin

- Type 2 diabetes (90%)
  - Pancreas does produce insulin, but the body has become resistant
  - With time, pancreas ability to produce insulin is exhausted
  - Treatment:
    - Oral hypoglycaemic drugs
    - Insulin

- Gestational diabetes
The availability and affordability of selected essential medicines for chronic diseases

<table>
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<tr>
<th>Medicine</th>
<th>Dose/Strength</th>
<th>Type</th>
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<tbody>
<tr>
<td>Glibenclamide</td>
<td>5 mg</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Insulin isophane</td>
<td>100 IU/ml</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Insulin soluble</td>
<td>40 IU/ml</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Insulin soluble</td>
<td>100 IU/ml</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Insulin zinc suspension</td>
<td>40 IU/ml</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Insulin zinc suspension b</td>
<td>100 IU/ml</td>
<td>Antidiabetic</td>
</tr>
<tr>
<td>Metformin</td>
<td>500 mg</td>
<td>Antidiabetic</td>
</tr>
</tbody>
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Public Sector

- Pharma/Manufacturer
  - MOH/Procurement
  - Central medical stores
  - MoH distributes products
    - Mission Hospitals
    - NGOs
    - Government Hospitals
  - Patients

Private Sector

- Pharma/Manufacturer
  - Importer/Wholesaler
  - Distributors
    - Private pharmacies
  - Patients
What were the challenges in developing and executing the project?
**Public Sector**

- Public Tender is much less than actually needed

  - Pharma/Manufacturer
  - MOH/Procurement
  - Central medical stores

- MoH distributes products

  - Mission Hospitals
  - NGOs
  - Government Hospitals

*Insulin reaches patients with a slight mark-up*

**Private Sector**

- Pharma/Manufacturer

  - Importer/Wholesaler

- Distributors

  - Tariffs/taxes

  - Mark-up 50%

  - Private pharmacies

  - Mark-up 50%

*Insulin reaches patients with huge mark-ups*

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*Stock-out is the result of tender being less than actually needed and product divergence from Public to the lucrative private market*
Barriers to insulin access

- Demand
  - Lack of data on number of people who need insulin
  - Low awareness of diabetes among healthcare providers

- Selection
  - Lack of qualified healthcare providers

- Distribution channels
  - Logistical issues: insulin distribution limited to urban areas
  - Poor coordination between national and district levels

- Pricing/Financing
  - Mark-ups along the distribution chain
  - Lack of funding mechanism for healthcare
How were issues around demand, supply chains, selection and pricing/financing addressed?
**Public Sector**

- **Pharma/Manufacturer**
- **MOH/Procurement**
- **Central medical stores**
- **MoH distributes products**
  - **Mission Hospitals**
  - **NGOs**
  - **Government Hospitals**

**Insulin reaches patients with a slight mark-up**

- **BARRIER**
- **ACTION**

**Private Sector**

- **Pharma/Manufacturer**
- **Importer/Wholesaler**
- **Distributors**
- **Private pharmacies**

**Insulin reaches patients with huge mark-ups**

- **BARRIER**
- **ACTION**
Changing Diabetes in Children (CDiC)
What partnerships were critical to the success of the project?
Partnerships

- Ministry of Health
  - NCD Division
  - Procurement division
- Regional & district medical officers
- Industry partners
- Importer/Wholesaler
- Community/civil society: IDF Africa, patient associations
Are there specific lessons learned that could be applied to efforts around MNS medicines?
Lessons learned

- Low priority in government policies
  - Advocacy
- Demand
  - Lack of data on number of patients
  - Low awareness among the public at large
  - Set-up registries
  - Awareness activities
- Selection
  - Poor understanding and knowledge among HCP
  - Low diagnostic rates
  - Inappropriate treatments
  - Training of HCP
- Financing
  - Low governments budgets for purchase of medicines
  - Donor reluctance
  - Lack of funding mechanisms
  - Advocacy
  - Insurance schemes
Recommendations

- Public sector
  - Government involvement

- Advocacy

- Patient-centric approach
  - Dedicated clinics

- Private sector
  - Increased demand

Action

- Needs estimates, awareness
- HCP training

- Removal of taxes /import duties
- Increased funding for medicines

- Insulin available at low price

- Increased market size