# Improving Access to Essential Medicines Workshop

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- 1 Introduction
- What were the challenges in developing and executing the project?
- How were issues around demand, supply chains, selection and pricing/financing addressed?
- 4 What partnerships were critical to the success of the project?
- Are there specific lessons learned that could be applied to MNS medicines?
- 6 Recommendations



### Novo Nordisk - global presence

Founded 1923

**Headquarters** Denmark

Employees 33,000+

Sales in 190 countries

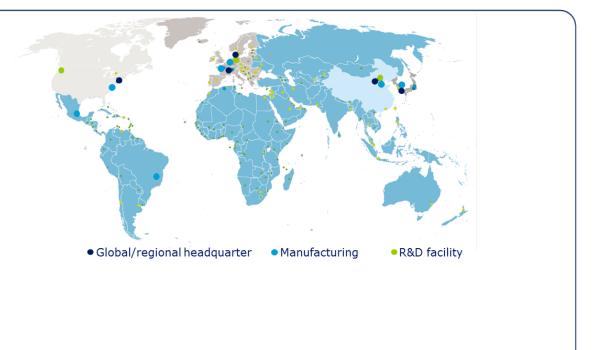
**Affiliates** 75 Countries

**Production** 7 countries

**R&D facilities** 3 countries

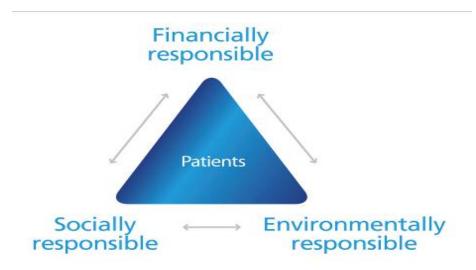
**Global market share** 50 %

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".

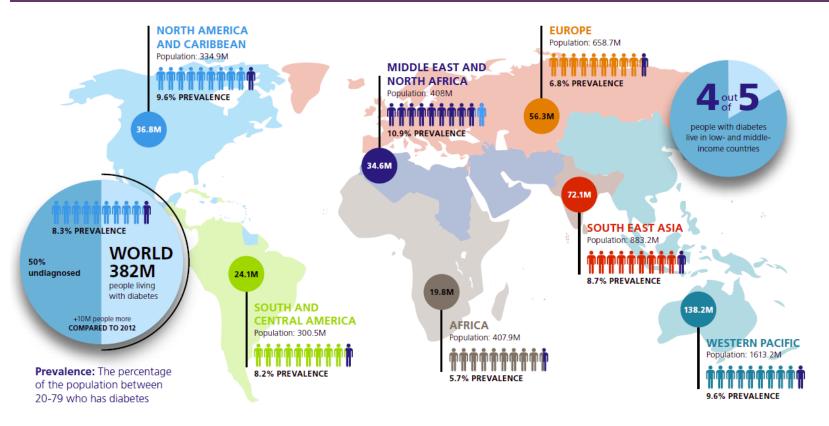


**The Novo Nordisk Way** 



# IDF **DIABETES** ATLAS Sixth edition







Presentation title Date

### **Types of Diabetes**

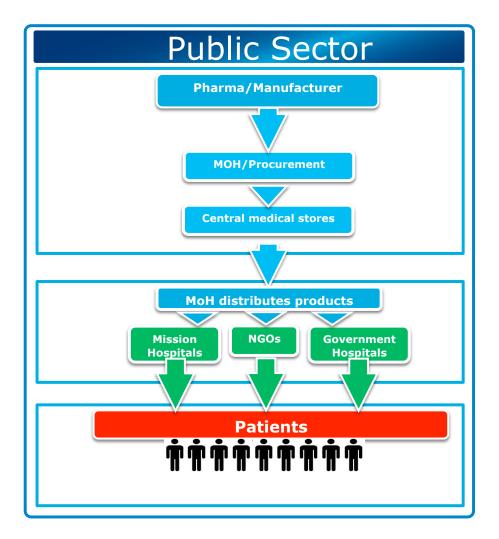
- Type 1 diabetes (10%)
  - Pancreas does not produce insulin
  - Treatment: replacement with insulin
- Type 2 diabetes (90%)
  - Pancreas does produce insulin, but the body has become resistant
  - With time, pancreas ability to produce insulin is exhausted
  - Treatment:
    - Oral hypoglycaemic drugs
    - Insulin
- Gestational diabetes

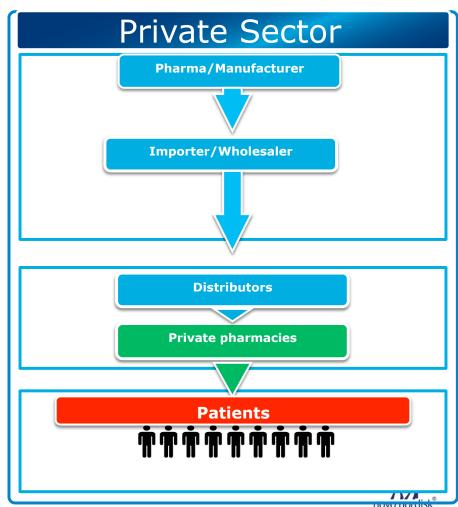


The availability and affordability of selected essential medicines for chronic diseases

Diabetes		
Glibenclamide	5 mg	Antidiabetic
Insulin isophane	100 IU/ml	Antidiabetic
Insulin soluble	$40~\mathrm{IU/ml}$	Antidiabetic
Insulin soluble	100 IU/ml	Antidiabetic
${\rm Insulin\ zinc\ suspension}^b$	$40~\mathrm{IU/ml}$	Antidiabetic
Insulin zinc suspension	100 IU/ml	Antidiabetic
Metformin	500 mg	Antidiabetic

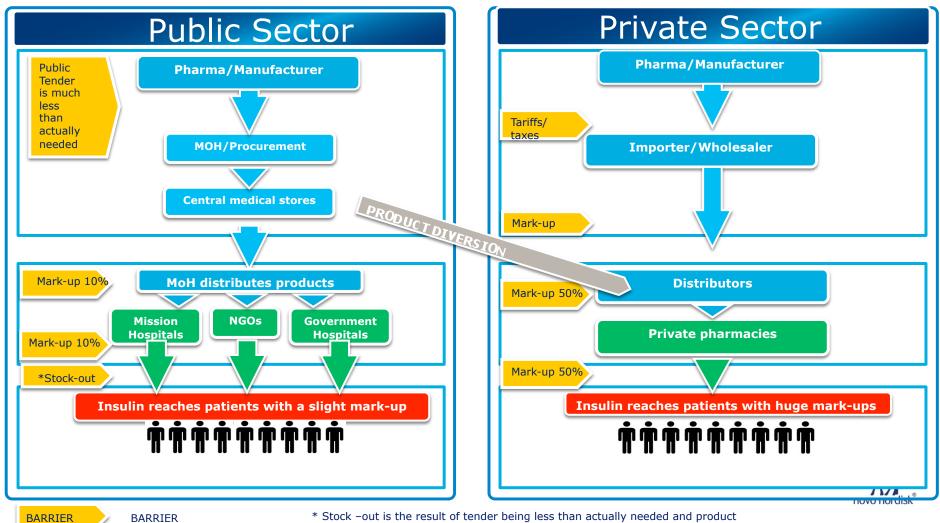






### What were the challenges in developing and executing the project?





<sup>\*</sup> Stock -out is the result of tender being less than actually needed and product divergence from Public to the lucrative private market

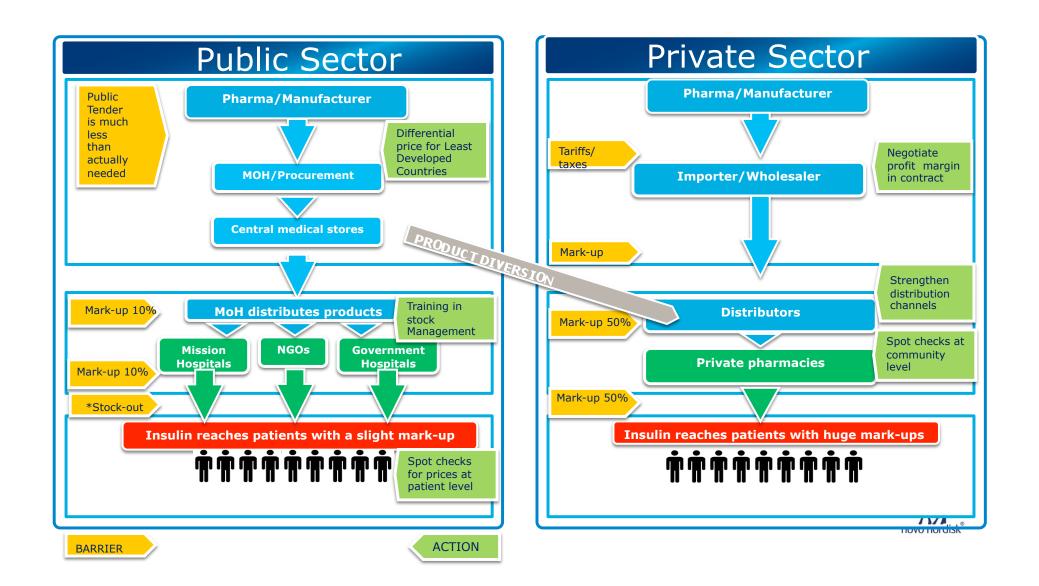
#### **Barriers to insulin access**

- 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

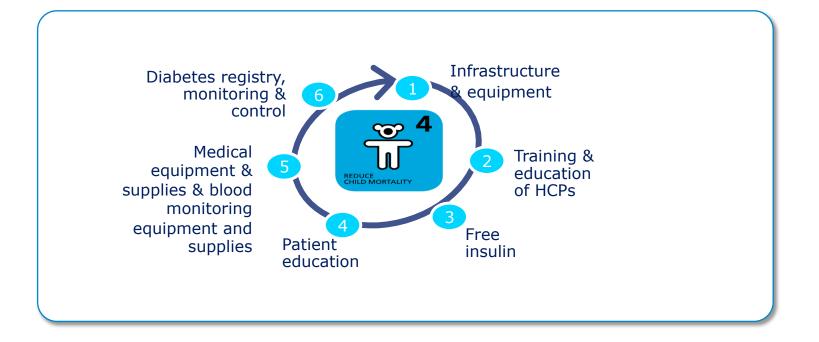


How were issues around demand, supply chains, selection and pricing/financing addressed?





### **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 Set-up registries • Low awareness among the public at large 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

**Potential action** 

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



## novo nordisk changing diabetes

