Access to Medicine Index Report 2024

For Prelims: Malaria, Tuberculosis, Tropical Diseases, Non-Communicable Diseases, Vaccines, Maternal Health, Supply Chains, Natural Disasters, African Union, Public-Private Partnerships, Digital Health, R&D Efforts.

For Mains: Significance of Availability of Medicines, Vaccines and Healthcare Services for Poors and Low- and Middle-Income Countries.

Source: DTE

Why in News?

Recently, the **Access to Medicine Foundation** released its **2024 Index Report**, evaluating pharmaceutical companies' efforts to enhance medicine access in **low and middle-income countries** (LMICs) despite ongoing challenges.

What are the Highlights of the Access to Medicine Index Report 2024?

- **Exclusion from Clinical Trials:** LMICs, despite being home to **80%** of the global population, account for only **43%** of all clinical trials conducted worldwide.
    - This limits the participation of LMIC populations in the development of new medicines and delays their access to innovative treatments.
- **Limited Tech Transfers & Medicine Access:** Voluntary licensing and technology transfers are concentrated in countries like **Brazil, China, and India**, leaving much of **sub-Saharan Africa** excluded, which limits the availability of medicines in many low-income regions.
- **Gaps in Access for Low-Income Countries:** While some companies are adopting inclusive business models, over **61%** of products assessed lack specific strategies for low-income countries.
    - This underscores persistent inequities, as access efforts remain concentrated in upper-middle-income regions.
- **Decline in R&D for Priority Diseases:** Pharmaceutical companies are increasingly moving away from R&D for priority diseases such as **malaria, tuberculosis**, and neglected **tropical diseases**, which disproportionately affect LMICs.
    - The report highlighted the urgent need for **pharmaceutical companies** to enhance **efforts** and create **transparent strategies** for **equitable access** to **medicines.**

What are the Needs and Challenges in Accessing Medicines in LMICs?

- **The Need for Improved Access to Medicines:**
    - LMICs face a dual burden of infectious and **non-communicable diseases** (NCDs) that strain fragile healthcare systems, according to **WHO** with **17 million** people dying from NCDs before age 70 annually, **86%** of these deaths occurring in LMICs.
        - Affordable, **high-quality medicines**, **diagnostics**, and **vaccines** are essential to

address these challenges and reduce preventable mortality.
    - Moreover, strengthening **local pharmaceutical** manufacturing and distribution networks is critical to reliable supply of essential medicines and reduce dependence on imports in LMIC.
- **Challenges in Providing Medicines in LMICs:**
    - **Economic Barriers:** Access to **medicines** in low and middle-income countries (**LMICs**) is severely limited by **economic barriers**.
        - Notably the **high cost** of essential medications, including **patented drugs**, significantly restricts access for patients and healthcare systems with **limited purchasing power**.
    - **Financial Consequences:** **Out-of-pocket healthcare expenditures** force families to make devastating choices between necessary medications and other basic needs, often resulting in **catastrophic financial consequences** that exacerbate **health inequalities**.
    - **Infrastructure Challenges:** Inadequate **transportation infrastructure**, including poorly maintained roads and insufficient **cold chain facilities**.
        - This hampers the efficient distribution of medicines, particularly in **rural areas**, while unreliable electricity compromises the integrity of **temperature-sensitive medications**.
        - Disruptions in **supply chains**, particularly during pandemics or **natural disasters**, exacerbate medicine shortages in LMICs.
    - **Regulatory Issues: Weak regulatory frameworks** contribute to the proliferation of **substandard** and **counterfeit medicines**, undermining treatment **efficacy** and **safety**, as insufficient enforcement capabilities fail to uphold **pharmaceutical quality standards**.
        - **Pharmaceutical innovation** often focuses on diseases prevalent in **high-income countries**, leaving LMIC-specific health challenges, such as **maternal health** and childhood illnesses, largely unaddressed.
    - **Workforce Limitations:** A shortage of trained **healthcare professionals** further restricts appropriate **prescription** and **medication management**, particularly in rural settings.
        - Also, low **health literacy** and **cultural beliefs** hinder adherence to prescribed treatments, complicating efforts to ensure **equitable access** to essential medicines in LMICs.

UHC 2030 Goals

- **Universal Health Coverage (UHC) 2030** aims to provide essential health services without financial hardship, promoting equitable access and strengthened health systems worldwide.
- UHC 2030, co-hosted by **WHO, the World Bank, and OECD**, mobilises stakeholders to advance UHC through political commitment and accountability efforts.

Way Forward

- **Strengthening Local Manufacturing:** Establishing regional pharmaceutical production hubs will **reduce dependency** on imports and ensure a stable supply of medicines.
    - For instance, the **African Union's** initiative to produce **60%** of the **continent's vaccine** needs by **2040** is a model for fostering self-sufficiency.
- **Investing in R&D for LMIC Needs:** **Public-private partnerships** like **Medicines Patent Pool collaboration,** should focus on priority diseases like malaria, tuberculosis, and neglected tropical diseases.
    - These collaborations must prioritise affordable, **region-specific solutions** to address the unique health challenges of LMICs.
- **Expanding Digital Healthcare:** **Digital health** technologies and **AI-driven tools** can revolutionise healthcare delivery in LMICs by improving **disease surveillance, enhancing diagnostics**, and enabling **access to remote healthcare services**.

    - For example, technology driven initiatives like **telemedicine** and **consultation platforms** can facilitate remote healthcare access, and platforms like India's **U-Win** (Portal for Universal Immunisation) and **Co-Win** (Portal for Covid-19 Vaccination Management) platforms provide vaccinations and healthcare coordination.
- **Streamlining Regulatory Processes:** Establishing harmonised **regulatory frameworks** will accelerate medicine approvals and facilitate the rapid deployment of life-saving treatments.
    - Prevent **patent evergreening**, encourage local **generic production** in LMICs, and enable mutual recognition of approvals with countries that have higher standards.
- **Expanding Financing Mechanisms:** International collaborations should focus on creating pooled **procurement models** and increasing funding to make medicines more affordable and accessible.
- **Addressing Gender Disparities:** Expanding **R&D efforts** to include women and transgender's health and prioritising policies that address **gender-based barriers** in healthcare access are crucial to improving overall health equity in LMICs.

Drishti Mains Question:

What key challenges do low- and middle-income countries face in accessing affordable medicines and vaccines, and how has India responded?

UPSC Civil Services Examination, Previous Year Question (PYQ)

Prelims:

Q. What is the importance of using Pneumococcal Conjugate Vaccines in India? (2020)

1. These vaccines are effective against pneumonia as well as meningitis and sepsis.
2. Dependence on antibiotics that are not effective against drug-resistant bacteria can be reduced.
3. These vaccines have no side effects and cause no allergic reactions.

Select the correct answer using the code given below:

(a) 1 only

(b) 1 and 2 only

(c) 3 only

(d) 1, 2 and 3

Ans: (b)

Mains:

Q. How is the Government of India protecting traditional knowledge of medicine from patenting by pharmaceutical companies? (2019)