

ACCESS TO AFFORDABLE ESSENTIAL MEDICINES

Indicator 8.13 under **Target 8.E** seeks to measure the proportion of the population in each country with access to affordable essential drugs on a sustainable basis. However, it is difficult to measure the “delivery gap” of essential medicines not only because of the lack of data but also because of the lack of numerical targets and commitments. While Target 8.E also intends to track the contribution of pharmaceutical companies to increase access to affordable medicines in developing countries, there are no quantitative targets and indicators in the MDG framework. The ‘access’, ‘affordability’ and ‘sustainability’ components of the indicator will depend on both domestic and international factors.

Name of Event / Initiative	Targets, indicators and commitments	Gap
<p>Millennium Summit, New York, 6-8 September 2000 – MDG-8</p>	<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable drugs in developing countries</p> <p>Indicator: 8.13. Proportion of the population with access to affordable essential drugs on a sustainable basis</p>	<p>Lack of numerical targets prevents proper monitoring of global commitments.</p> <p>Availability of medicines in developing countries is low, 42 per cent in the public sector and 64 per cent in the private sector (in countries with available information).</p> <p>Prices of medicines remain high. Median prices of generic medicines are, on average, between 2.7 and 6.1 times higher than international reference prices, in the public and private sectors, respectively.</p> <p>Essential medicines are unaffordable to large segments of population in developing countries. Monthly costs of medicines to treat chronic diseases are often equivalent to several days’ salary of the lowest paid</p>

MDG Gap Task Force – Matrix of Global Commitments – August 2011

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		government worker. In most cases, originator-branded medicines are even more unaffordable. Opportunities to produce generic brands of medicines are limited.
G-8 Genoa Summit , 20-22 July 2001	<p>Launch the Global Fund to fight AIDS, Tuberculosis and Malaria and committed \$1.3 billion.</p> <p>Will work with the pharmaceutical industry and affected countries to facilitate the broadest possible provision of drugs in an affordable and medically effective manner.</p>	For the Global Fund, see below.
WTO Declaration on the TRIPS Agreement and Public Health , 20 November 2001	<p>Agreed that TRIPS does not and should not prevent members from taking measures to protect public health; WTO members affirmed that the Agreement can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all.</p>	No numerical targets were set.
Global Fund to fight AIDS, Tuberculosis and Malaria , launched in 2002	<p>A unique global public-private partnership dedicated to attracting and disbursing additional resources to support prevention and treatment of HIV/AIDS, tuberculosis and malaria. Pledges and contributions from donors are received on an ad-hoc voluntary basis.</p>	<p>No numerical targets were set.</p> <p>The international community has pledged \$29.9 billion as at end-December 2010, and \$21.7 billion has been committed in 150 countries.</p>
G-8 Evian Summit , 1-3 June 2003	<p>Agreed on measures to improve access to health care, including to drugs and treatments at affordable prices in poor countries and reaffirmed support for the Global Fund.</p>	No numerical targets were set.

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<p>International Finance Facility for Immunization (IFFIm), January 2006</p>	<p>Target: 500 million children vaccinated and at least 5 million lives to be saved by 2015.</p> <p>The IFFIm was set up to rapidly accelerate the availability and predictability of funds for immunization. The resources raised are used by the GAVI Alliance, a public-private partnership, which provides funds to purchase and deliver life-saving vaccines and strengthen health services in the world's poorest countries.</p>	<p>As at June 2011, a total of \$6.3 billion was pledged to the IFFIm. Of that amount, by March 2011, \$1.8 billion has already been disbursed to support vaccine purchase and delivery to 70 developing countries.</p>
<p>UNITAID international drug purchase facility, September 2006</p>	<p>Target: Provide additional predictable funding to scale up access to essential medicines and diagnostics at a sustainable cost.</p>	<p>No numerical targets were set.</p>
<p>Advanced Market Commitments (AMC), February 2007</p>	<p>Target: \$1.5 billion to create incentives to develop vaccines to treat the pneumococcal disease.</p> <p>AMC is a new approach, involving public health funding and pharmaceutical companies, designed to stimulate the development and manufacture of vaccines for developing countries.</p>	<p>As at end-March 2011, \$395.9 million was received from AMC donors, out of the \$1.5 billion pledged.</p> <p>The first shipment of vaccines was delivered in Kenya in September 2010. As at March 2011, 19 countries had been approved for the introduction of AMC pneumococcal vaccines and vaccines were delivered to nine countries.</p>
<p>OECD High Level Forum on Medicines for Neglected and Emerging Infectious Disease: Noordwijk Medicines Agenda, 21 June 2007</p>	<p>Target: OECD countries to support developing countries-led efforts in strengthening their own health, local production and research systems.</p> <p>Indicator: Taking steps to strengthen the capability of developing countries to manage issues of intellectual property (IP), including using available flexibilities to the fullest extent, and to build sustainable networks and capacity for global research.</p>	<p>No numerical targets have been set.</p>

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Provisional Committee on Proposals Related to a WIPO Development Agenda (PCDA) , June 2007	<p>Target (inter alia): In its activities, including norm setting, WIPO should take into account the flexibilities in international IP agreements, especially those which are of interest to developing countries and LDCs (Cluster B, para. 17); to request WIPO to intensify its cooperation on IP related issues with UN agencies, according to Member States' orientation, in particular UNCTAD, UNEP, WHO, UNIDO, UNESCO and other relevant international organizations, especially WTO, in order to strengthen the coordination for maximum efficiency in undertaking development programmes.</p>	<p>No numerical targets have been set.</p>
G-8 Heiligendamm Summit, Declaration on Growth and Responsibility in Africa , 8 June 2007	<p>G-8 to work with intergovernmental organizations to respond constructively to requests by African developing countries without manufacturing capacities with regard to the use of the flexibilities referenced in the WTO Doha Declaration on TRIPS and Public Health, while respecting WTO obligations; and with the pharmaceutical industry to consider supporting local production of HIV/AIDS pharmaceuticals through voluntary licenses and laboratory capacities that meet international standards and strengthen regulatory, certification and training institutes.</p> <p>Target: Committed to continue to scale up efforts towards the goal of universal access, the MDGs for fighting HIV/AIDS, malaria and tuberculosis as well as strengthening of health systems by providing at least a projected \$ 60 billion over the coming years.</p>	<p>It is not clear how these commitments are additional to previous aid commitments. See the ODA Matrix of Global Commitments for aid commitments.</p>
European Parliament Resolution on the TRIPS Agreement and access to medicines , 12 July 2007	<p>EU and its Member States to take additional measures to facilitate and increase the production of pharmaceutical products by the developing countries themselves; to provide concrete financial support for local production of pharmaceuticals in all developing countries, especially LDCs.</p>	<p>No numerical targets have been set.</p>
African Union Pharmaceutical	<p>Target: to pursue, with the support of partners, the local production of generic medicines on the continent and to make full use of the flexibilities within the</p>	<p>No numerical targets have been set.</p>

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Manufacturing Plan for Africa , October 2007	<p>WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the WTO Doha Declaration on TRIPS and Public Health.</p> <p>Indicator: consideration by African governments of legislative reforms of domestic IP statutes and regulations.</p>	
<p>WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, Adopted by resolution 61.21 at the May 2008 World Health Assembly</p>	<p>Target: for WHO intergovernmental working group to elaborate a draft global strategy and plan of action for essential health research concerning diseases that disproportionately affect developing countries.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of countries engaged in initiatives to strengthen capacities to manage and apply intellectual property rights to contribute to innovation and promote public health, including capacities relevant to the development and application of international agreements • Number of countries integrating flexibilities for protection of public health of the TRIPS Agreement into national legislation • Number and type of initiatives between secretariats and governing bodies of relevant regional and international organizations aimed at coordinating work relating to intellectual property and public health 	<p>Finalize the timeframes, and estimated funding needs for the implementation of the global strategy and plan of action.</p>
<p>G-8 Hokkaido Toyako Summit, 8 July 2008</p>	<p>Reiterated support to African partners' commitment to ensure that by 2015 all children have access to basic health care and to work towards the goals of providing at least a projected \$60 billion over 5 years, to fight infectious diseases and strengthen health.</p>	<p>It is not clear how these commitments are additional to previous aid commitments. See the ODA Matrix of Global Commitments.</p>
<p>SMS for Life (pilot), launched 21 September 2009</p>	<p>SMS for Life is a public-private project aimed at reducing or eliminating the incidence of stock-outs and improving access to essential anti-malaria medicine at remote health facilities in Sub-Saharan Africa using short message services (SMS), Internet and mapping technologies.</p>	<p>No numerical targets have been set. Results show that the pilot provided visibility of anti-malarial stock levels to support more efficient stock management</p>

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	The pilot was undertaken during 2009-2010 in three rural districts of the Republic of Tanzania and involved 129 health facilities.	and reduce stock-outs.
Medicines Patent Pool , created in July 2010	The Medicines Patent Pool aims to improve access to affordable and appropriate HIV medicines in developing countries through voluntary licensing of critical intellectual property.	No numerical targets have been set. In September 2010, the United States National Institutes of Health gave the pool its first license. Currently, the pool negotiates with additional patent holders for key antiretroviral drugs. In July 2011, Gilead Sciences was the first pharmaceutical company to agree to provide their licenses to the pool.
Affordable Medicines Facility – Malaria (AMFm) , rolled-out in August 2010	The AMFm aims to promote the use of effective antimalarials and drive out ineffective medicines from the market by reducing consumer prices to an affordable level through price negotiations and a buyer co-payment.	No numerical targets have been set. Phase 1 is being implemented through nine pilots in eight countries: Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Tanzania (including Zanzibar) and Uganda. Grant amendments have been signed with most of these countries and implementation has started in several countries. The first co-paid ACTs were delivered to Ghana and Kenya in August 2010.
UN High-level Plenary Meeting on the MDGs (MDG Summit), New York, 20-22 September 2010	Reaffirmed the right to use, to the full, the provisions contained in the WTO Agreement on TRIPS, the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the WTO's General Council of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health, and, when formal acceptance procedures are completed, the amendments to article 31 of the Agreement, which provide	No numerical targets have been set.

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	flexibilities for the protection of public health and, in particular, to promote access to medicines for all and to encourage the provision of assistance to developing countries in this regard. Member states also call for a broad and timely acceptance of the amendment to article 31 of the Agreement on TRIPS, as proposed by the World Trade Organization’s General Council in its decision of 6 December 2005.	
African Network for Drugs and Diagnostics Innovation (ANDI) , initiated in 2008 and launched in October 2010	Its main objective is to promote and support health product R&D led by African institutions for diseases of high prevalence in the region, through the discovery, development and delivery of affordable new health tools, including those based on traditional medicines as well as by increasing collaboration among African institutions and fostering public-private partnerships within Africa.	No numerical targets have been set.
Fourth UN Conference on the LDCs, Programme of Action for the Least Developed Countries for the Decade 2011-2020 , 9-13 May 2011 (Istanbul Plan of Action)	Reaffirms the commitment made at the UN High-level Plenary Meeting on the MDGs (See above). The Programme of Action calls on development partners to work with LDCs to improve access to medicines, encourage the development of technology and the transfer of technology under mutually agreed terms and conditions, the production of affordable, safe, effective and good quality medicines, fostering the production of innovative medicines, generics, vaccines and other health commodities.	No numerical targets have been set