

# Barriers to access, and how to remove them - an international perspective



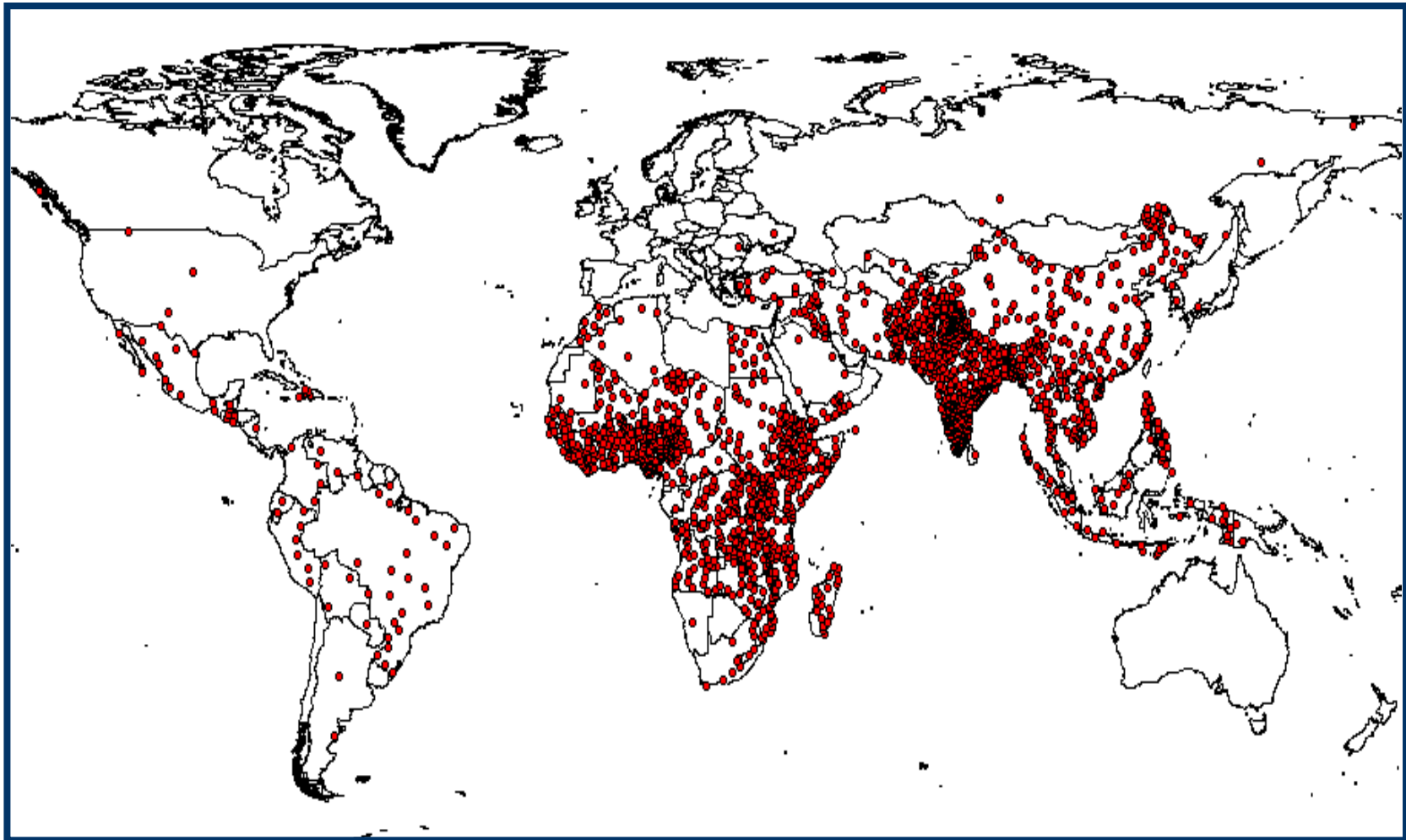
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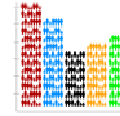
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## Global Distribution of Child Deaths (each dot = 5000 deaths; about 30,000 deaths per day)



Source: Black et al., Lancet 2003; 361: 2226-34



# Medicine market: Private dispensing is less cost-expensive than public supply of generic medicines

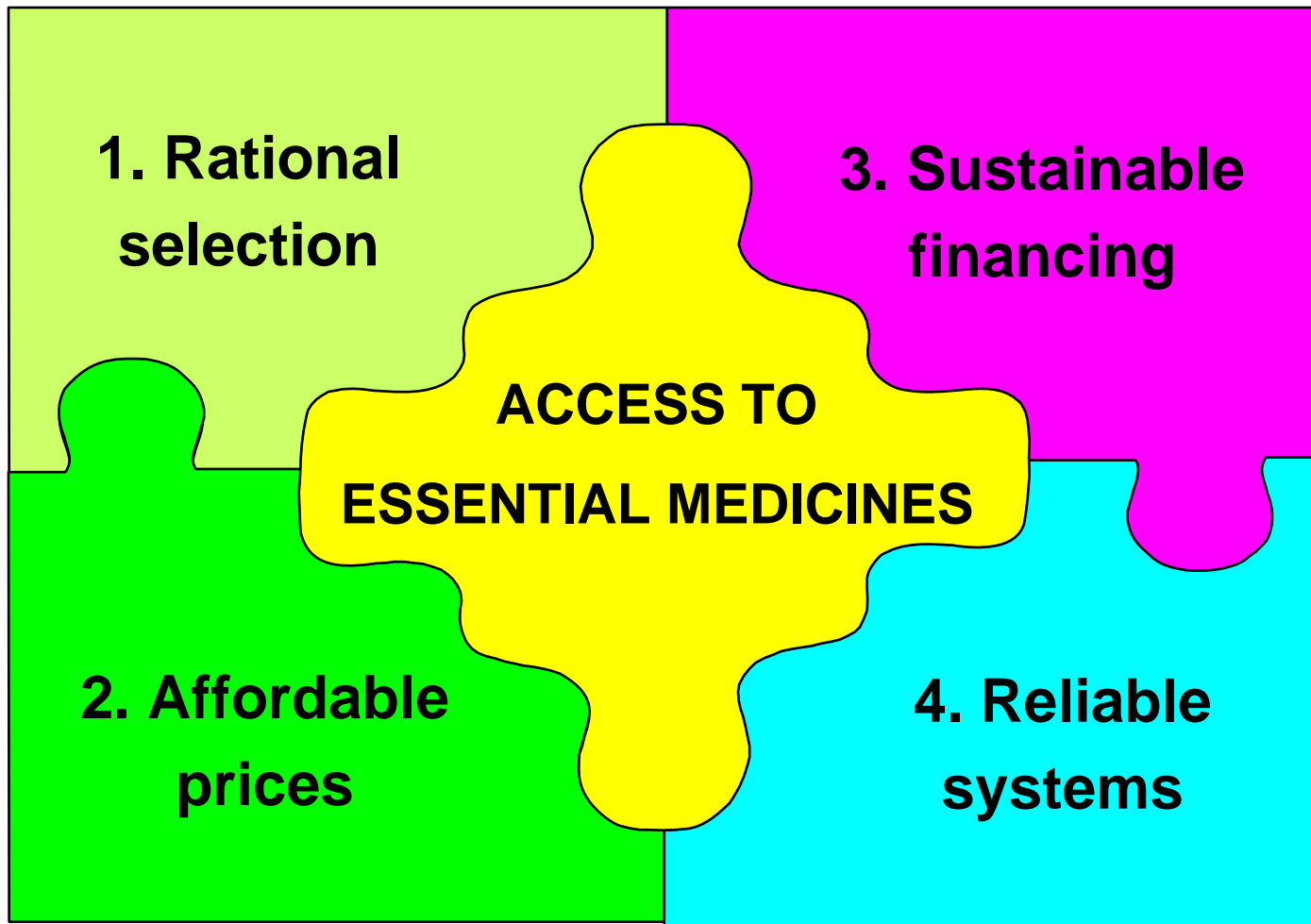
## Days' minimum wages needed to pay for treatment, Peru

	Brand – Private pharmacy	Generic – Private pharmacy	Generic – Public sector
One month's therapy – glibenclamide*	4.4 days	2.1 days	0.9 days
One month's therapy – ranitidine**	7.9 days	2.2 days	1.3 days

\*for oral treatment of type-2 diabetes; \*\* for treatment of peptic ulcer



## Practical implications of the access framework



**Policy guidance:**

**There are many ways to reduce medicine prices**

**All medicines**

- Reduced taxes, tariffs and margins
- Price monitoring, public price information, pricing policy

**Multi-source products**

- Generic competition, generic substitution
  - Adapted legislation (includes TRIPS), assured quality, professional/public acceptance, economic incentives
- Good procurement practices
  - Price information, prequalification system, competitive tender

**Single-source products**

- Evidence-based clinical guidelines, therapeutic substitution
- Differential pricing by negotiation, voluntary license, compulsory license

