

**Alliance for Health Policy and Systems Research
Flagship Report 2014**

**Medicines in Health Systems: Advancing access, affordability
and appropriate use**

Chapter 2 Annex

**Timeline of essential medicines and health systems
milestones**

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[Blue: Essential Medicines Milestones; Green: Health Systems Milestones]

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- 1975 “Resolution WHA28.66 called on WHO to assist member states to select and procure essential drugs of good quality and at reasonable cost”(1).
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- 1977 WHO published Technical Report Series 615 on the selection of essential drugs and the first EML of 205 items (1,2).
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- 1978 **1978:** Declaration of Alma Ata signified international commitment to primary health care and declared that health is a human right (3).

Alma Ata “identified provision of essential drugs as one of eight key components of primary health care” (1).
“Primary Health Care as articulated in the Alma Ata declaration of 1978 was a first attempt to unify thinking about health within a single policy framework”(4).
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- 1979 The global economic crisis “dampened enthusiasm for heavy investments in health” and there was a push for vertical programs (i.e., selective primary health care) (5).
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- 1981 WHO Action Programme On Essential Drugs was launched. “...around 50 NGOs met in Geneva to form Health Action International (HAI) whose aims include “the safe, rational and economic use of pharmaceuticals world-wide . . . and full implementation of the WHO Action programme on essential drugs” (1).

Management Sciences for Health published first Managing Drug Supply, “the leading reference on how to manage essential medicines in developing countries”(6). Subsequent reports were published in 1997 and 2012.
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- 1984 In resolution WHA 37.33 the World Health Assembly “requested the Director General of the World Health Organization to arrange a meeting of experts... to discuss ways of ensuring the rational use of drugs”(7).
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- 1985 In response to WHA 37.33, the Nairobi conference (7) "brought together NGOs, industry, and government representatives, resulting in the WHO Revised Drug Strategy, which put emphasis beyond selection on procurement, distribution, rational use, and quality assurance for the public sector." 1
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- 1987 The Harare Declaration and Bamako Initiative spearheaded efforts to improve primary health care systems in Africa through decentralization (i.e., district health system approach) and user fees for medicines (i.e., revolving

drug fund) (5).

1989

International Network for Rational Use of Drugs (INRUD) was established “to design, test, and disseminate effective strategies to improve the way drugs are prescribed, dispensed, and used, with a particular emphasis on resource poor countries”(8). The INRUD Initiative on Adherence to Antiretrovirals (INRUD-IAA), launched in 2006, focuses on improving adherence to ARVs through health system strengthening in East Africa (9).

1980s-
90s

The World Bank promoted the use of user fees to finance struggling health systems: “public sector efficiency could be improved by privatizing the health sector and by introducing user fees, which in theory would raise the additional revenue necessary to make the health sector financially viable”(10). Medicines are the largest out-of-pocket expenditure in most LMICs. User fees resulted in “widespread ‘financial catastrophe (for households) associated with direct payments for health services’”(10). Three decades after the widespread adoption of user fees, there is now a worldwide movement to more equitable financing and universal health coverage.

1993

The *World Development Report 1993: Investing in Health*, which argued for investing in health as a means of accelerating economic development and setting priorities for health spending, recommended “redirect[ing] government spending away from specialized care and toward low-cost and highly effective activities such as immunization... and control and treatment of infectious diseases” and “adopting packages of public health measures and essential clinical care”(11). The report included a section on “Improving the selection, acquisition, and use of drugs.”

1994

WTO TRIPS agreement set minimum standards for intellectual property rights - a 20 year patent for technology products, including medicines (12).

1997

“272 researchers and policymakers from 43 countries gathered in Chiang Mai, Thailand for the first International Conference on Improving Use of Medicines (ICIUM). This conference was a milestone event that produced expert international consensus on interventions to improve medicines use in non-industrialized countries and a 5-year global research agenda”(13).

1998

“41 drug companies and their representative body sued the... government of South Africa over amendments... to its Medicines Act, which aimed to make low-cost medicines more readily available. The companies asserted that it was neither constitutional nor in compliance with the TRIPS Agreement” (14). Following a public outcry, the case was dropped in 2001.

2000

WHO published the 2000 World Health Report, entitled Health Systems: Improving Performance, which emphasizes quality and equity of health care (15). The report “breaks new ground in presenting for the first time an index of national health systems’ performance in trying to achieve three overall goals: *good health, responsiveness to the expectations of the population, and fairness of financial contribution.*” Medicines are identified as a key input for a functioning health system.

“In *The world health report 2000*, devoted entirely to health systems, the World Health Organization expands its traditional concern for people’s physical and mental well-being to emphasize these other elements of goodness and fairness.”

“At the same time that awareness of the public health implications of TRIPS was growing, the AIDS crisis also began to attract greater political attention at the global level. In 2000, the Group of 8 countries paid unprecedented attention to health and the need for action to increase access to medicines” (14).

The International AIDS Conference in Durban had a theme of “breaking the silence” and emphasized “equal access to treatment and care” (16).

The UN Millennial Declaration created 8 Millennium Development Goals related to poverty, health and education, with the goal of achieving targets by 2015. Goals specifically related to improving health include: goal 4 (child mortality), goal 5 (maternal health) and goal 6 (HIV/AIDS, malaria and other diseases). A target of Goal 8 (partnerships for development) specifically targeted access to medicines: “In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries”(17).

2001

WHO introduced pre-qualification service to assess quality, safety and efficacy of medicines for HIV/AIDS, tuberculosis and malaria. This service has since been expanded to cover medicines and products for other priority diseases and reproductive health (18).

Report of the Commission on Macroeconomics and Health (WHO) recommended “significant scaling up of the resources currently spent in the health sector by poor countries and donors alike and tackling the non-financial obstacles that have limited the capacity of poor countries to deliver health services”(19). Message was simple: “invest substantially in health, and economic development will follow”(20). The report made several key

recommendations for achieving this goal, including hefty increases in domestic and international spending on health, support of innovative finance mechanisms, reduction in prices of essential drugs, and funding for tailored packages of basic health interventions.”

“The Global Drug Facility has changed the landscape of TB care since its creation in 2001 by providing TB drugs to countries that could otherwise not afford them, either in the form of grants or at the lowest possible price”(21).

2002

“Doha Declaration stated that the TRIPS agreement should be implemented in a manner ‘supportive of WTO members’ right to protect public health and, in particular, to promote access to medicines for all” (1). The Doha Declaration created flexibilities under the TRIPS agreement, including parallel imports and compulsory licensing.²² The Doha Declaration was intended to make “lower-cost generic versions of patented medicines available on a large scale”(14).

2003

Clinton HIV/AIDS Initiative (now called Clinton Health Access Initiative (CHAI)) was created to address the HIV/AIDS crisis in the developing world and strengthen health systems there. “CHAI improved markets for medicines and diagnostics, lowered the costs of treatments, and expanded access to life-saving technologies — creating a sustainable model that can be owned and maintained by governments. CHAI has since expanded this model to increase access to high-quality treatment for malaria, accelerate the rollout of new vaccines, and lower infant mortality” (23).

First edition of the WHO/HAI medicines pricing survey, a new approach to measuring the prices of medicines and promoting greater transparency of global medicines prices, introduced at World Health Assembly (24).

Global Fund to Fight AIDS, Tuberculosis and Malaria was created as “an innovative financing institution that provides funding to countries to support programs that prevent, treat and care for people with HIV and AIDS, tuberculosis and malaria” (25).

President's Emergency Plan For AIDS Relief (PEPFAR) provided funds “to support national scale-up of integrated prevention, treatment, and care programs” (26).

2004

Second ICIUM held in Chiang Mai, Thailand. 472 Participants, representing 70 countries, “reported on the advances made since ICIUM 1997, developed consensus on strategies for improving use of medicines in light of the new and challenging global medicines environment, and a global research agenda to fill gaps in knowledge”(13).

ReAct, an independent global network for concerted action on antibiotic resistance, was created (27).

2004 First AHRSP Flagship report, *Strengthening health systems: the role and promise of health policy and systems research* was published with the “principal goal of increasing knowledge on health systems and applying that knowledge to strengthen health systems” (28).

2005 Member states of the World Health Organization (WHO) made a commitment (WHA58.33) to work towards universal healthcare coverage (i.e., “develop their health financing systems so that all people have access to services and do not suffer financial hardship paying for them”) (29).

2006 The Commission on Intellectual Property Rights, Innovation and Public Health, established by the World Health Assembly in 2003, published report on Public Health, Innovation and Intellectual Property Rights (30).

2007 WHO published *Everybody’s Business: Strengthening Health Systems to Improve Health Outcome*, a “framework for action” that consisted of 6 health system building blocks and set global health system priorities(4). “Equitable access to essential medicine products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their medical scientifically sound and cost-effective use” was one of the 6 building blocks.

Second AHPSR Flagship Report: *Sound Choices: enhancing capacity for evidence-informed health policy* was published. The report “analyzed capacity constraints in linking research and policy processes” (28).

2008 Access to Medicines Index published first report, which “ranks pharmaceutical companies’ efforts to improve access to medicine in developing countries” (31,32).

Medicines Transparency Alliance (MeTA) was launched (33). MeTA is a network of individuals and organizations in 7 LMICs that aims to improve access to medicines via tools of transparency and accountability.

Getting Health Reform Right: A Guide to Improving Performance and Equity, which recommends analyzing a health system by looking at 8 “control knobs” (i.e., financing, payment, organization and service delivery, regulation, persuasion, politics and ethics and values) was published (34,35).

WHO 2008 World Health Report, entitled “Primary Health Care (Now More Important than Ever)” was published (36). The report emphasizes that health systems can better response to the health needs of the population

through strong primary health care systems. “The PHC values to achieve health for all require health systems that: *‘Put people at the centre of health care.’*”

2009

Third AHPSR Flagship Report: *Systems Thinking for Health Systems Strengthening* was published. The report “asked: how can we start thinking in “systems” in order to strengthen them? How can we better understand the effects an individual intervention may have on the overall health system? And how can we evaluate our efforts given the inherent complexity of systems and the way interventions affect the various building blocks of a health system?”(28).

2009

“In September 2009, the High Level Task Force on Innovative International Financing for Health Systems recommended the creation of a platform to coordinate aid to health systems. The Health Systems Funding Platform (“the Platform”) is now being developed by the three largest multilateral funders of health systems strengthening (HSS)—the GAVI Alliance (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), and the World Bank (WB)—and facilitated by the World Health Organization (WHO), in consultation with developing countries and other key stakeholders” (37).

2010

WHO published *World Health Report 2010: Health system financing – the path to universal coverage*, with guidance for countries to raise sufficient resources, improve efficiency of health systems, and achieve universal coverage (38). The report highlighted that three of the top 10 sources of health system inefficiency involve medicines: high medicine prices and underuse of generics; use of substandard and counterfeit medicines; and inappropriate and ineffective use of medicines.

First Global Symposium on Health Systems Research was held in Montreux, Switzerland. There was no focus on access to medicines (39).

2011

The Global Compact LEAD Task Force “was formed to review the recent history of [UN-business] partnerships and to make recommendations for enhancing their effectiveness and scale”(40). The task force published the UN Report on Transformative Public-Private Partnerships.

UN General Assembly convened a high-level meeting on the prevention and control of non-communicable diseases (NCDs) and recommended *strengthening health systems and improving access and affordability for medicines* in the prevention and control of NCDs (41).

WHO Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination held three meetings to evaluate

proposals for financing and coordination of R&D for medicines and technologies that address the health needs in developing countries (42) and made multiple recommendations (43).

2011 Third ICIUM held in Antalya, Turkey. 593 researchers and policy makers from 86 countries (and 262 via remote broadcast) met “to produce a state-of-the-art consensus on interventions to improve medicines use in non-industrialized countries, to define evidence-based recommendations for program implementation, and to generate global research agendas to fill gaps in knowledge” (13). Summaries of the conference sessions (44) and recommendations for policy and research (45). are available on the conference website (46).

2012 IFPMA Directory of Global Health Partnerships released. “The industry-led health partnerships catalogued in the IFPMA’s Developing World Health Partnerships Directory focus on a wide range of activities from developing new treatments and improving their availability to strengthening health systems, raising awareness, prevention and training. They also cover various types of diseases such as HIV/AIDS, neglected tropical diseases, malaria, non-communicable diseases and more cross-cutting challenges such as women and children’s health” (47).

Report of the WHO Consultative Expert Working Group on Research and Development: Financing and Coordination, “Research and Development to Meet Health Needs in Developing Countries: Strengthening Global Financing and Coordination” published (48).

Second Global Symposium on Health Systems Research held in Beijing, China. No focus on access to medicines (49).

2013 2013 *World Health Report Research for Universal Coverage* was published to improve “understanding [of] how to reach the goal of universal health coverage” using “the highest-quality science in order to deliver affordable, quality health services and better health for everyone” (50).

The Lancet Infectious Disease Commission published a report with policy recommendations for coordinated efforts to curb antibiotic resistance (51).

2014 WHO Executive Board resolution on access to medicines recognizes complexity, inter-relatedness and the importance of health systems research (52).

AHPSR Flagship Report on Medicines and Health Systems.

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