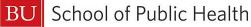
THE ROLE OF PHARMACEUTICALS IN PUBLIC HEALTH ACCESS TO ESSENTIAL MEDICINES AS A KEY DETERMINANT TO UNIVERSAL HEALTH COVERAGE



September 15, 2016 9 a.m.-5:30 p.m.

#BUSPH40 #BUSPHSymposia







Overview of Pharmaceutical Public Health

Richard Laing, with Erin Hasselberg

Boston University School of Public Health

September 15th 2016







Progress often comes from between Disciplines

Public Health "Application of Scientific Methods to understanding and addressing health challenges for Communities" Pharmaceutical Sciences

Innovation

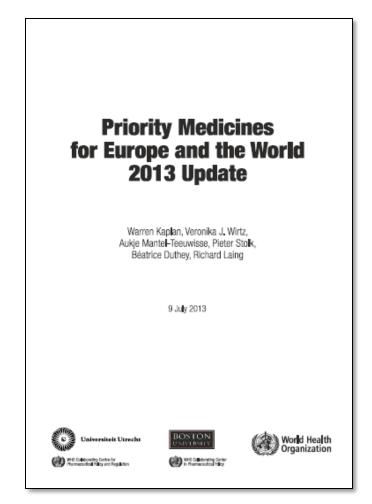
Quality & Safety

Access



Innovation

- Public Health methods can be used to prioritize public and private investment in research to meet unmet health needs
- Examples are Priority Medicines for Europe and the World reports 2004 and 2013 for Netherlands and European Commission





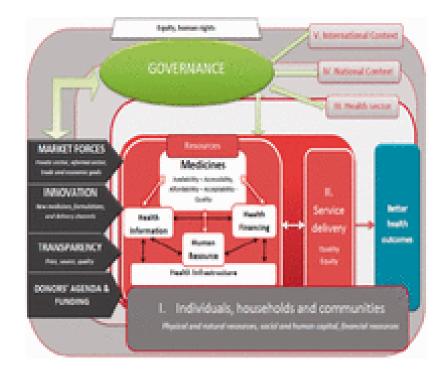
Quality & Safety

- Quality remains a concern in LMICs due to limited regulatory requirements. Important work done by EPN monitoring quality of products and WARN
- Pharmacoepidemiology and Pharmacovigilance are already well established applying Public Health Methods to the inherent risks of pharmaceuticals
- BU is already well established in this area with Slone Epidemiology Program and the Boston Collaborative Drug Surveillance Program



Access comprises many elements

- Selection
- Procurement
- Distribution
- Rational Use
- Financing and Pricing
- Intellectual Property Barriers
- Information Sharing



See **Bigdeli Framework**

Selection

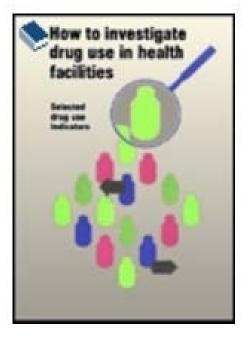


- WHO has taken lead with defining the Model List of Essential Medicines since 1977
- A number of studies have compared lists over time, between countries and for specific diseases
- Opportunities exist to apply the same messages to formularies in *High Income countries*



Rational Use

- INRUD network established methods for measuring and evaluating interventions.
- Clear evidence that medicine use can be improved
- Holloway & Henry showed that national policies impact on quality of medicine use







Financing & Pricing

- How medicines are financed critically affects availability but this is related to prices
- WHO/HAI methods allow for global comparisons
- When these methods are used in US interesting insights arise consistent with reporting by Consumers Union

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Measuring medicine prices, availability, affordability and price components

2ND EDITION







Information Sharing

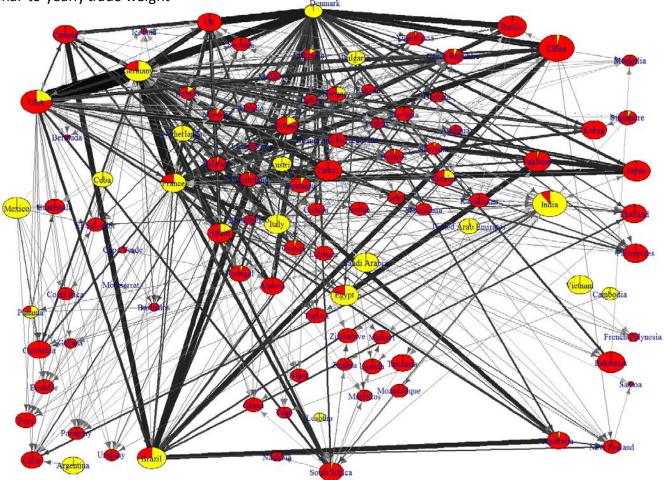
- Transparency in pharmaceutical issues benefits many but often resisted
- Sharing of actual payment and quality information as practiced by the GFATM benefits countries and purchasers.
- Analyzing trade flows using trade data can inform understanding of issues such as local production

See Global Trade Map for insulin 2013 prepared by Warren Kaplan



Insulin Trade Network Map: 2013 by WEIGHT

Yellow: Exports Red: Imports Thickness: proportional to yearly trade weight



Warren Kaplan, Abhishek Sharma, Prof. Eric Kolacyzk, Heather Shappell: http://haiweb.org/wp-content/uploads/2016/06/ACCISS-TradeReport_FINAL_2.pdf



Intellectual Property Barriers and Trade Agreements

- While IP is seen as the basis for innovation, this does not always benefit LMIC's and neglected diseases
- Trade Agreements may create barriers to access far beyond what was imagined
- Pro-generic policies may benefit access but not if branded generics or bio-similars are priced up
- Complex issues for trade negotiators to address



Opportunities

- BU is the only School of Public Health with a substantial Pharmaceutical Public Health program
- Schools of Pharmacy are generally reducing Social Pharmacy content within their programs
- Great opportunities exist for teaching, research and service for Schools of Public Health to contribute to this emerging area of study.

Boston University School of Public Hea Pharmaceuticals Program			
History			Dharmacouticals
	1 st Annual student-run Pharmaceuticals	Largest ever "info session" held – 50+ students!	Pharmaceuticals now one of 17 certificates in the MPH program
Pharmaceutical Program created	Symposium hosted	Leadership Council formed	
1997	2011	2015	2016
	Nore than 150 g	raduates to	o date!

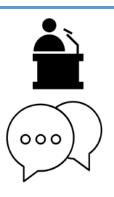


Certificate Requirements

- 12 credits of coursework



• Skills-based practicum (240 hours)



- Seminar Speakers' Series
- Annual Symposium
- Networking & Social Events

-









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The Impact of U.S. Government Policies on Pharmaceutical Markets and Public Health







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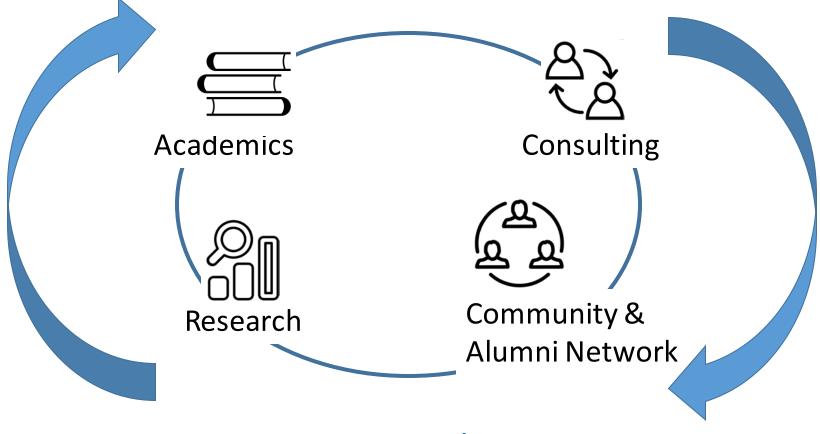


Alumni





Advancing Pharmaceutical Public Health



www.bu.edu/pharm



Comments and Questions

Thank you for your attention!

We welcome your comments and suggestions.



References

Selection

Cameron, A., Ewen, M., Ross-Degnan, D., Ball, D., & Laing, R. (2009). Medicine prices, availability, and affordability in 36 developing and middle-income countries: a secondary analysis. *The lancet*, *373*(9659), 240-249 Bazargani, Y. T., de Boer, A., Schellens, J. H. M., Leufkens, H. G. M., & Mantel-Teeuwisse, A. K. (2014). Selection of oncology medicines in low-and middle-income countries. *Annals of oncology*, *25*(1), 270-276. Bazargani, Y. T., de Boer, A., Schellens, J. H. M., Leufkens, H. G. M., & Mantel-Teeuwisse, A. K. (2014). Selection of oncology medicines in low-and middle-income countries. *Annals of oncology*, *25*(1), 270-276.

Rational Use

World Health Organization. (1993). How to investigate drug use in health facilities: selected drug use indicators

Laing, R. O., Hogerzeil, H. V., & Ross-Degnan, D. (2001). Ten recommendations to improve use of medicines in developing countries. *Health policy and planning*, *16*(1), 13-20.

Holloway, K. A., & Henry, D. (2014). WHO essential medicines policies and use in developing and transitional countries: an analysis of reported policy implementation and medicines use surveys. *PLoS Med*, *11*(9)



References

Financing and Pricing

World Health Organization. (2008). Measuring medicine prices, availability, affordability and price components Cameron, A., Ewen, M., Ross-Degnan, D., Ball, D., & Laing, R. (2009). Medicine prices, availability, and affordability in 36 developing and middle-income countries: a secondary analysis. *The lancet*, 373(9659), 240-249 Sharma, A., Rorden, L., Ewen, M., & Laing, R. (2016). Evaluating availability and price of essential medicines in Boston area (Massachusetts, USA) using WHO/HAI methodology. *Journal of*

medicines in Boston area (Massachusetts, USA) using WHO/HAI methodology. *Journal of pharmaceutical policy and practice*, 9(1), 1.

Information Sharing

Waning, B., Kaplan, W., King, A. C., Lawrence, D. A., Leufkens, H. G., & Fox, M. P. (2009). Global strategies to reduce the price of antiretroviral medicines: evidence from transactional databases. *Bulletin of the World Health Organization*, *87*(7), 520-528. Kaplan W, Sharma A, Kolacyzk E, Shappell H Insulin Trade Profile April 2016 Health Action International 2016:

Intellectual Property Barriers and Trade Agreements

Kaplan, W. A., & Beall, R. F. (2016). The global intellectual property ecosystem for insulin and its public health implications: an observational study. *Journal of Pharmaceutical Policy and Practice*, 10(1), 3.

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