RD's opening remarks
Briefing to launch the report entitled
"Price, availability and affordability: an international comparison of 14 chronic disease medicines in 30 countries"

Wednesday, 24 May, 18.00 hrs. Salle 23

Dear Colleagues,

I wish to thank Health Action International and our colleagues in Headquarters for inviting me to Co-chair this meeting on "Price, availability and affordability: an international comparison of 14 chronic disease medicines in 30 countries".

The idea of a global initiative for the treatment of chronic diseases started at WHO's Regional Office for the Eastern Mediterranean, when I sent a memorandum to the late Dr Jong-wook Lee, Director-General of the World Health Organization. In this memorandum, I said, "As we go through the 21st century with its spectacular advances in science and technology, we also carry with us an ever-increasing burden of noncommunicable diseases. Noncommunicable diseases now pose the biggest public health problem of our times, affecting our lives and those of our younger generation, rich and poor both". In the meantime, there is strong scientific evidence that cost-effective medications can contribute to substantial individual and public health benefits in this respect. For
example, in relation to cardiovascular disease, aspirin, beta-blockers, ACE-inhibitors and lipid-lowering therapies lower the risk of future vascular events by about a quarter each in high-risk patients, including diabetic patients. The benefits of these interventions are largely independent, so that when used together about two-thirds to three-quarters of future vascular events could be prevented. Similarly, making medications affordable and accessible to all patients with asthma and diabetes can lead to substantial reduction in morbidity and mortality from these conditions.

Large-scale surveys conducted in high and low income countries have demonstrated the existence of large gaps between clinical recommendations and treatment.

I feel that the time has now come for WHO to once again take the leadership in introducing a global initiative - an initiative wherein all partners are engaged in a concerted effort to make good quality medicines for noncommunicable diseases economically affordable and available to the poor and needy suffering from these diseases - an initiative that will help to lift the poor out of the devastating spiral of poverty and chronic disease.

In May 2000, the World Health Assembly adopted resolution WHA 53.17 endorsing a WHO global strategy for the prevention and control of noncommunicable diseases. The global strategy urges the
Member States to promote the effectiveness of secondary prevention and to ensure that the management of major noncommunicable diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) is based on cost-effective interventions and equitable access. These indeed should be the major objectives of our future activities.

The WHO global initiative for the treatment of chronic diseases should recognize the need to improve health outcomes by making evidence-based nonpharmacological and pharmacological interventions available to populations in low and middle-income countries. It should also seek to provide guidance to policy-makers to respond to the legitimate needs of those suffering from chronic diseases, within the overall context of national health system development.

The framework of our future collaboration can include:

- Identification of gaps in access and availability of cost-effective medicines of chronic diseases;

- Identification of innovative strategies for influencing and managing the price and availability of these medicines;
- Development of models to improve access and affordability of medicines for noncommunicable diseases;

In EMR we have some good examples in addition to the well-functioning Social Health Insurance Systems. These include:

1. Chronic Diseases Pharmacies in Iraq which are public pharmacies that regularly dispense medicines to registered chronic disease patients at nominal fees.

2. Bulk purchase of generic medicines for GCC countries at very competitive prices.

3. Price survey studies that are followed by policy decision such as the one carried out in Lebanon and resulted in 20% price reduction.

I wish to say few words on the Price Survey project. The Survey Manual developed as a result of collaboration between WHO and Health Action International provides a useful tool to study important components such as Availability, Affordability and Price Analysis. The tool has proven to be very useful when the survey was conducted. The results of surveys provide evidence for proper policy decisions.
The results of survey in 30 countries including countries from different regions were analysed and several policy actions are suggested.

We are pleased to publish the report on this study jointly with Health Action International and I am happy to launch this report.

We would be happy to receive comments and proposals for future activities and how best we can make the results contained in this report available to policy makers, academicians and all partners.