



Leave no-one behind  
**Patient Solidarity Day**  
3 December 2016 | #PSD2016 | [www.patientsolidarityday.org](http://www.patientsolidarityday.org)



## **FACT SHEET 1 RESOURCE FOR PATIENT SOLIDARITY DAY 3 DECEMBER 2016**

### **LEAVE NO-ONE BEHIND**

#### ***A Partnership Approach for Increasing Access to Health Care***

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*Patient Solidarity Day in December has been an important event in the history of the International Alliance of Patients' Organizations.*

*It is day patients from across the world raise awareness on a pressing healthcare issue in solidarity with the global patients' movement and in partnership with whole-of-society, whole-of-government and whole-of-healthcare system.*

*This Patient Solidarity Day (PSD), Saturday 3 December 2016, we call on our members, organizations, institutions, and stakeholders to support the call for a patient-centered sustainable universal health coverage (UHC) for all. Sustainable, patient-centered UHC is going to need significant efforts and firm commitment over the next 14 years from all the key actors in the healthcare system: governments, the pharmaceutical industry, healthcare providers, and patients' organizations.*

*In September 2015, 194 Member States of the UN General Assembly adopted the resolution 70/1 and their HEADS OF STATE committed themselves to achieving 17 SUSTAINABLE developmental goals (SDG 2030), including Goal 3 of ensure healthy lives and promote well-being for all at all ages by 2030. Goal 3.8 achieving universal health coverage (UHC) within their borders by 2030 is a very important in improving access to health care for all.*

*SDG 2030 will require everyone working together in harmony. It is everyone's responsibility to shape our future health care. The State sector must work with the patients and the private sector to make this happen.*

*Several forums around the world are bringing renewed and welcome attention to UHC and the urgent challenge of getting lifesaving health technologies to people who need them around the world. Stakeholders everywhere have a valuable opportunity to shape the SDG 2030 conversation that follows, to ensure focus is on the most pressing challenges and to contribute practical solutions that draw on their unique local experiences and expertise.*

*Leading stakeholders around the world can coalesce around a powerful vision of a sustainable patient-centered UHC for increasing access to quality health care and quality medicines for all. Recognizing that overcoming the many complex barriers that stand between people and the care they need requires shared commitment and collaboration, solutions should reflect the following proposed principles and address the critical access challenges described further below.*

## SDG 3.8 2030 SUSTAINABLE PATIENT-CENTERED UNIVERSAL HEALTH COVERAGE PRINCIPLES FOR EFFECTIVE ACCESS SOLUTIONS

1. **Comprehensive.** Consider the many barriers that can limit access to medicines and other health technologies. Strengthen health systems.
2. **Feasible.** Practical, evidence-based and sustainable approaches that adopt, modify or build on proven programs.
3. **Adaptable.** Encourage approaches that can be tailored to the needs and circumstances of diverse communities.
4. **Innovative.** Promote incentives for investment in research and development to ensure new medical discoveries are adequately protected so their benefits to patients can be realized.
5. **Cooperative.** Encourage joint action and inclusive partnerships. Engage and leverage the expertise of all relevant stakeholders.

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### WORKING TOGETHER IN OVERCOMING ACCESS CHALLENGES

Decades of research and experience in the United Nations system and beyond have identified the following five challenges as among the most critical barriers limiting access to medicines around the world.

**1. Infrastructure.** Patients need functioning health facilities within reasonable proximity of their homes and livelihoods.

- If there is no convenient place to receive healthcare, patients are less able to access the medicines they need. In many countries, existing physical healthcare infrastructure is insufficient to reach much of the population with medicines and services.
- Approximately 70% of the world's poor live in rural areas,<sup>1</sup> and when healthcare is far away or transportation systems are inadequate, lack of access results in negative health outcomes.<sup>2,3,4</sup>
- This barrier is particularly acute for diseases requiring specialized care such as cancer. For example, Ethiopia, a country of some 90 million people, is served by a single radiation treatment center located in the capital of Addis Ababa.<sup>5</sup>

**CHALLENGE:** WHO Framework on People-Centered and integrated health care systems calls for a fundamental shift in the way health services are funded, managed and delivered. Make smart investments in power and sanitation and capitalize on advances in information technology and mobile healthcare infrastructure to meet the WHO guidelines of 3.5 beds per 1,000 populations.

**2. Supply Chains.** *Patients should be able to fill prescriptions for quality medicines without experiencing delays or interruptions in their treatment.*

- If medicines cannot reach remote areas, patients are less able to access them. A 2009 survey of 36 countries found that 15 common generic medicines listed on the WHO Essential Medicines List are frequently unavailable in either the public or private sectors, with regional availability ranging from 29% in Africa to 54% in the Americas.<sup>6</sup>
- Lengthy registration processes for pharmaceuticals can delay access to important new innovations for years.<sup>7</sup> In India and Brazil, registration of an original product takes 15 months and 13 months, respectively.<sup>8</sup> Five-year delays in South Africa are not uncommon.<sup>9</sup>
- Poor storage facilities and conditions can cause significant wastage of pharmaceutical supplies, impacting availability and quality. In India, for example, a study followed a series of vaccine vials through the distribution process, finding that 76% failed a quality test, because the vaccines they contained were frozen during the study period.<sup>10</sup>
- High tariffs and taxes and complex customs clearance processes can create importation bottlenecks, slowing the availability of medicines and medical supplies. Breakdowns in customs procedures may cause delivery delays, product shortages, and stock-outs.<sup>11</sup>

**CHALLENGE:** Lower tariffs and taxes, apply effective inventory management and resolve knowledge gaps to ensure patients have access to the right medicines, in the right quantities, in the right condition, in the right place at the right time.

**3. Trained Healthcare Workers.** *Patients should be treated by well-trained doctors, nurses and healthcare workers, without unreasonable delay.*

- If there is no one to prescribe medications, patients are less able to access them. A 2013 WHO report found a shortfall of more than seven million healthcare workers worldwide, and projected that number to rise to 13 million by 2035.<sup>12</sup>
- More than 80 countries currently fail to meet the basic threshold of 23 skilled health professionals per 10,000 people.<sup>13</sup>
- Shortages of trained healthcare workers mean that patients are likely unable to access specialist care which can pose particular challenges for managing non-communicable diseases. One recent study showed how shortages of specialists in Vietnam and the Philippines limit access to diabetes drugs.<sup>14</sup>

**CHALLENGE:** Increase healthcare worker training and retention to reach the goal of at least 23 skilled healthcare professionals for every 10,000 people.

**4. Healthcare Financing.** *Patients should be able to obtain the care and medicines they need without experiencing catastrophic financial losses.*

- If patients must bear nearly all the costs of their healthcare, they may not be able to access the medicines they need at any price. Sufficient financing of health systems is a fundamental building block of sustainable systems to enable improved access to medicines; stronger investment is needed in many countries.
- For the last decade, India's investment in health as a percentage of its GDP has averaged around 4%, despite its large domestic generic drug industry.<sup>15</sup> There are also low levels of spending on health in ASEAN, with most countries in the region allocating less than 5% of GDP as expenditure on health in 2012.<sup>16</sup>
- Moreover, without effective risk-pooling mechanisms to shield patients from the direct costs of healthcare, out-of-pocket health spending is a prohibitive barrier to access for even essential, generic medicines. Many low- and middle-income countries lack viable health insurance systems. In these countries, patient out-of-pocket costs can account for as much as 90% of private health spending.
- As a result of having to pay out-of-pocket for healthcare, 150 million people each year in LMICs suffer financial hardship.<sup>17</sup> One recent study showed that up to 86% of the population in LMICs would fall into poverty if forced to pay out-of-pocket for just one of four common generic medicines.<sup>18</sup>

**CHALLENGE:** Bring the patient share of healthcare costs down to at least 30%.

**5. Patient Education.** *Patients should be informed about their conditions and empowered to make educated decisions about their treatment care.*

- Patients who are better informed about a particular disease or condition are more likely to be aware of and receive the latest treatments.
- Approximately 50% of patients do not take their medications as prescribed, due in large part to low health literacy and lack of involvement in the treatment decision-making process; this frequently leads to suboptimal clinical benefits.<sup>19</sup>
- Though mobile health interventions have revolutionized patient education and activation around the world, an "infrastructure gap" – as well as low levels of investment in the scale-up of such tools – has impeded the growth of these tools in many low- and middle-income countries.<sup>20</sup>

**CHALLENGE:** Engage patients through awareness, education, and screening programs; develop tools to empower patients; Craft regulatory environments and establish standards that unlock the full potential of e-medicine.

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