

TASK FORCE: Access to Essential Medicines

World Has Resources to Bring Essential Medicines to Poor

Half the population of poor regions in Africa and Asia lacks access to essential drugs that could prevent millions of deaths

17 January 2005, New York—There are about 1.7 billion people worldwide, most of whom live in poor countries, who lack regular access to essential medicines. This dearth of basic drugs contributes greatly to the unnecessary deaths of millions of children and adults each year, mostly from a short list of preventable diseases.

But their plight can be remedied through specific actions aimed at developing effective, new drugs for priority diseases of developing countries, maintaining adequate drug supplies and improving distribution, reducing drug prices, and ensuring medicines are properly used, according to a report by the UN Millennium Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines.

The Working Group was led by **Paula Munderi** of the Medical Research Council of Uganda. She coordinated a team of experts who for the last two years have sought out solutions to the problem of providing basic medicines to the world's poor populations. Their conclusions are part of a comprehensive global action plan for fighting poverty, disease and environmental degradation in the developing world.

As the report *Prescription for Healthy Development: Increasing Access to Medicines* indicates, “The problem of impaired drug access can be solved, and the world has the resources needed to solve it.”

There is strong consensus across all of the health Task Forces within the UN Millennium Project that efforts to scale-up the treatment of major diseases must occur within the larger effort of strengthening district-level health systems and improving access to them. The Working Group plan for bringing basic medicines to the world's poor includes:

- **Reorienting R&D processes and incentives to emphasize medicines needed to treat major diseases of poor populations**, such as HIV/AIDS, malaria and tuberculosis.
- **Immediately boosting donor financing for health** and ensuring that donor aid is harmonized to avoid burdening recipient countries with onerous and duplicative reporting requirements.
- **Creating flexible pricing to eliminate financial barriers to drug access.** For example, prices of medicines in developing countries should be reduced to the minimum sustainable level, which in many developing countries means they should be provided at production cost (“no profit, no loss”).
- **Using private, public and nonprofit channels to improve medical procurement** and supply systems in developing countries. Each country should develop and update a list of essential medicines that reflect its priority health needs and that are used as a basis for procurement and supply decisions.
- **Addressing the problem of overprescribing and inappropriate prescribing** through education of providers and dispensers and through regulation of drug marketing to providers.
- **Ensuring that women and girls have equal access to medicines.** Collecting sex-disaggregated data on access and use will be critical to inform policies, plans, and budgets.
- **Ensuring sufficient numbers of trained pharmacists and pharmacy technicians** through financial support and technical assistance to training programmes and focused action to encourage rural service and reduce brain drain to other countries.

In the last decade, most developing countries have taken measures to improve access to medicines, with varying degrees of success. But even where there have been setbacks, the experience gained strongly indicates that progress is possible.

The Working Group views equitable access to essential medicines as crucial to meeting the commitments forged at the Millennium Summit, where world leaders agreed to make the fight against poverty—and all of its faces—in developing countries their priority. The summit inspired the Millennium Development Goals, which are built on the recognition that, from health to the environment, from education to gender equality, a growing list of development issues can no longer be managed solely within the boundaries of a single nation.

The strategy for providing access to essential medicines in developing countries is part of the UN Millennium Project, which was commissioned by the UN Secretary-General in 2002 to develop a practical plan of action for enabling developing countries to meet the Millennium Development Goals and reverse the grinding poverty, hunger and disease affecting billions of people. As an independent advisory body directed by Professor Jeffrey D. Sachs, the UN Millennium Project submitted its final recommendations in January 2005.

The Access to Essential Medicines Working Group was convened by the Task Force on HIV/AIDS, Malaria, TB, Other Major Diseases and Access to Essential Medicines, one of 10 UN Millennium Project Task Forces that together comprise some 265 experts from around the world, including members of parliament; researchers and scientists; policymakers; representatives of civil society; UN agencies; the World Bank; International Monetary Fund; and the private sector. The UN Millennium Project Task Force teams were challenged to diagnose the key constraints to meeting the Millennium Development Goals and present recommendations for overcoming the obstacles to get nations on track to achieving them by 2015.



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