Access to Essential Medicines for Circulatory Diseases

A Call to Action

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"Why hasn't the world taken control of cardiovascular diseases and other noncommunicable diseases to heart?" [1]. This powerful question opened the September 2018 issue of *Global Heart*.

First, we must recognize that much has been achieved. Some countries have achieved remarkable reductions in cardiovascular disease. The burden of disease attributable to cardiovascular disease, measured in disability-adjusted life-years per 100,000 people, fell by 30% in rich countries between 1990 and 2017, whereas it declined by only 9% in poor countries [2].

There are many reasons for the successes that have been achieved. One of the most important ones is access to affordable effective medicines. The discovery and development of new classes of medicine, for hypertension, coronary heart disease, heart failure, and arrhythmias, have transformed what were once fatal or disabling conditions [3]. Yet, for far too many people, even the most basic medicines remain out of reach. An estimated 2 billion people, almost one-third of the world's population, lack access to essential medicines, defined as those "medicines that respond to the priority health needs of a specific population" [4]. A review of facility surveys in 23 low- and middle-income countries found that the median availability of essential generic medicines was 53% but the interquartile range was from only 15% to 83% [5].

The PURE (Prospective Urban Rural Epidemiology) study, one of the largest epidemiological studies globally, which includes people from the general population from 26 countries and from 5 continents, provides a more detailed picture. It surveyed pharmacies in 18 (of the 26) countries at different levels of development to determine availability and affordability of 4 classes of medicine for cardiovascular disease: aspirin, β-blockers, angiotensin-converting enzyme inhibitors, and statins. They were available in almost all communities in high-income countries and in about three-quarters of communities in upper middle-income countries. However, the availability was much less in lower middle-income countries, at 62% in 111 urban communities and 37% of rural communities, and even less in low-income countries, at 25% in urban communities and only 3% in rural communities. India was an exception, with all 4 available in >80% of communities in both urban and rural areas [6]. However, it is not enough for medicines to be available. They must be affordable, and the same study found that they were not for 33% of people in lower middle-income countries and 60% in low-income countries.

The case for tackling this problem is overwhelming, on many grounds. From a social justice perspective, it is untenable that 1 person has rapid, and in many cases free, access to life saving medicines while another does not, even though they differ only by which country they live in. From an economic perspective, cardiovascular disease is a major barrier to sustained growth through its impact on productivity [7]. Those affected leave the workforce prematurely through death or disability and even if still working, can do less. One source estimated that cardiovascular diseases cost the world US$906 billion in 2015 in productivity losses and treatment, predicting an increase to $1.044 billion by 2030 [8]. And there is the political imperative. The world's leaders have committed to the Sustainable Development Goals, including Target 3.8, to "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and *access to safe, effective, quality and affordable essential medicines and vaccines for all* [emphasis added]" [9].

For all these reasons, the World Heart Federation (WHF) and its members believe in a world where heart health is a fundamental human right for everyone and a crucial element of global health justice. Global health justice cannot be achieved without equitable and high levels of access to essential medicines for CVDs. This was why the WHF made access to essential medicines and technologies the theme of the Third Global Summit on Circulatory Health, convened in Dubai in December 2018. Those present called on leaders from academia, policymaking, and global health to look afresh at the issues of access, develop nationally relevant solutions, and explore ways in which we can implement them. In doing so, we commend to them the recommendations of the recent *Lancet* Commission on access to essential medicines [10]. It called on governments and national health systems to provide adequate financing to ensure inclusion of essential medicines in public benefit packages, provided by the public sector and all health insurance schemes and to implement policies that reduce the amount of out-of-pocket spending on medicines. It called on the international community to fulfil its obligations on human rights, supporting governments in LICs to finance a basic package of essential medicines for all, if they are unable to do so domestically. And it called for investment in capacity to track

The authors report no relationships that could be construed as a conflict of interest.

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GLOBAL HEART

VOL. 14, NO. 4, 2019
ISSN 2211-8160/$36.00.
https://doi.org/10.1016/j.gheart.2019.07.008

expenditure on medicines and essential technologies, and especially essential medicines, in both the public and private sectors, differentiating prepaid and out-of-pocket expenditure by different groups in the population. To these we add the need to facilitate access to essential medicines in health, regulatory, monitoring and surveillance systems, to invest in and build capacity of health workers for improved delivery of essential care, to rethink health financing for access to essential medicines through win-win-win taxation, and harness innovations for access to essential medicines.

The key recommendations from the Summit—including strengthening health systems for access to medicines, investing in health care professionals at all levels, rethinking health financing, and harnessing innovation in health technologies—will be launched in a position paper on the margins of the UN High-Level Meeting on Universal Health Coverage in September 2019 in New York.

As the global health community is preparing for the High-Level Meeting on Universal Health Coverage, the WHF is calling on the CVD community to raise the stakes. We, as health professionals, know what needs to happen to control the world's largest epidemic. We have shown that it is possible, where the political will exists. With political commitment, even countries with few resources can achieve good health at low cost. We have a duty to speak on behalf of those who still lack access to life-saving treatments. But we will only succeed if we are willing to address what are now termed the political determinants of health. This means that we must engage with our governments, and not only our ministers of health but also those responsible for finance, education, and labor, with 1 clear message: political commitments underpinned by investments in national health systems are key to ensuring access to essential medicines.

ACKNOWLEDGMENTS

The World Heart Federation would like to thank the programme chairs, speakers and contributors to the 3rd Global Summit on Circulatory Health for their insights and presentations at the event that have guided this editorial, as well as for their work to improve access to essential medicines for cardiovascular diseases. We would also like to thank our partners Access Accelerated, Amgen, Boehringer Ingelheim, Novartis, Pfizer, and Sanofi for making the 3rd Global Summit possible.

REFERENCES

1. Thomas H, Diamond J, Vieco A, et al. Global Atlas of Cardiovascular Disease 2000-2016: The Path to Prevention and Control. Glob Heart 2018;13:143–63.
2. IHME. GBD Compare. 2019. Available at: https://vizhub.healthdata.org/gbd-compare/. Accessed June 4, 2019.
3. Nolte E, McKee M. Does Health Care Save Lives? Avoidable Mortality Revisited. London: The Nuffield Trust, 2004.
4. Bigdeli M, Peters DH, Wagner AK. Medicines in Health Systems: Advancing Access, Affordability and Appropriate Use. Geneva, Switzerland: World Health Organization, 2014.
5. Bazargani YT, Ewen M, de Boer A, Leufkens HG, Mantel-Teeuwisse AK. Essential medicines are more available than other medicines around the globe. PLoS One 2014;9:e87576.
6. Khatib R, McKee M, Shannon H, et al. Availability and affordability of cardiovascular disease medicines and their effect on use in high-income, middle-income, and low-income countries: an analysis of the PURE study data. Lancet 2016;387:61–9.
7. Suhrcke M, McKee M, Stuckler D, Sauto Arce R, Tsolova S, Mortensen J. The contribution of health to the economy in the European Union. Public Health 2006;120:994–1001.
8. Bloom DE, Cafiero ET, Jané-Llopis E, et al. The Global Economic Burden of Noncommunicable Diseases. Geneva, Switzerland: World Economic Forum, 2011.
9. SDGs Knowledge Platform. Goal 3: Sustainable Development Knowledge Platform. 2019. Available at: https://sustainabledevelopment.un.org/sdg3. Accessed June 4, 2019.
10. Wirtz VJ, Hogerzeil HV, Gray AL, et al. Essential medicines for universal health coverage. Lancet 2017;389:403–76.