



Ensuring Equitable Access to Medicines: Challenges and Opportunities

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Abstract

Access to medicine is a universal human right that must be fulfilled in order to achieve the highest possible level of health. In spite of remarkable advances in medical research and development, millions of individuals across the globe still encounter obstacles in accessing essential medicines, especially in low- and middle-income countries. Medicine access is multifaceted and complicated with different challenges such as intellectual property rights, affordability, availability, and quality. This paper offers an overall review of the situation concerning access to medicines, analyzing the most important issues and challenges that prevent universal access. It addresses the effects of patent protection and intellectual property systems on the price and supply of medicines, and considers new solutions like differential pricing, voluntary licenses, and compulsory licenses. The study also explores how global partnerships, technology transfer, and local production can contribute to better access to medicines. It also emphasizes the need to improve health systems, health infrastructure, and the capacity of healthcare workers in securing equitable access to medicines. Through a discussion of the prevailing situation regarding access to medicines and the determination of potential areas of improvement, this study seeks to contribute to policy development and action that will help bring about universal access to necessary medicines, eventually leading to better health outcomes and less health inequity.

Keywords: *Access to medicine, patent protection, health, inequity*

Literature Review:

Access to medicines is a key part of global healthcare systems. The World Health Organization has defined access to medicines as the capability to acquire and utilize medicines in a timely, affordable, and equitable manner. Even with great advances in medicine research and development, millions of individuals around the globe still experience difficulty in accessing essential medicines, especially among low- and middle-income countries.

Intellectual property rights, more specifically patent protection, have been recognized as one of the major barriers to access to medicines. Patents provide exclusive rights to pharmaceutical corporations, enabling them to charge high prices for their products, rendering them unaffordable to most individuals in low- and middle-income countries. The effect of patent protection on access to medicines is a multifaceted problem, where others claim that patents are required to promote innovation, whereas others claim that they restrict access to life-saving medicines.

The Trade-Related Aspects of Intellectual Property Rights Agreement has been criticized for the ability to restrict access to medicine in the developing world. The agreement establishes minimum standards for intellectual property protection, such as patent protection, that can restrict the availability of generic medicines. Compulsory licensing and differential pricing have been used by countries to balance intellectual property protection against public health requirements.

Affordability of medicines is a major problem in most low- and middle-income countries. Expensive prices of medicines can result in economic hardship, and even bankruptcy, in a few instances. The price of medicines could be a serious burden on patients, households, and healthcare systems. New pricing mechanisms, including differential pricing, have been advanced as a prospective solution to enhance affordability. Differential pricing refers to the practice of offering the same medicine at varying prices in different markets or countries, depending on the nation's capacity to pay.

Availability of medicines is another access component critical for medicines. In most low- and middle-income countries, essential medicines are frequently in short supply, resulting in stockouts and interruption of treatment. Underdeveloped health systems, poor infrastructure, and unreliable supply chains add to the unavailability of medicines. Ensuring the availability of medicines involves strengthening health systems, investment in healthcare infrastructure, and ensuring there are reliable supply chains.

Medicine quality is also a consideration in access to medicines. Poor and spurious medicines have consequences such as failure of treatment and even death. Regulatory systems must be strengthened and quality control procedures upgraded in order to ensure medicines' quality. This involves ensuring medicines are produced, stored, and delivered in accordance with international standards.

Global partnerships have been seen as a critical tool for enhancing access to medicines. Programs like the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the President's Emergency Plan for AIDS Relief have significantly enhanced access to medicines in low- and middle-income countries. They have contributed to mobilizing resources, building stronger health systems, and enhancing the availability and affordability of medicines.

Local production of medicines has been proposed as a potential solution to improve access to medicines in low- and middle-income countries. Local production can reduce reliance on imports, create jobs, and stimulate economic growth. However, the quality and affordability of locally produced medicines are critical considerations. Local production requires investment in manufacturing infrastructure, quality control systems, and regulatory frameworks.

Improving health systems is critical to increasing access to medicines. Poor health systems can result in poor infrastructure, lack of human resources, and inefficient logistics, all of which can result in restricted access to medicines. Health system investment and enhanced healthcare infrastructure are pivotal in assuring equal access to medicines. This involves enhancing healthcare facilities, educating healthcare personnel, and enhancing supply chain management.

There are complex challenges in access to medicines that require innovative solutions. These include new models of financing, innovative pricing mechanisms, and novel drug development and delivery strategies. Public-private partnerships, for instance, can be used to mobilize

expertise and resources to create new medicines against neglected diseases. New technologies, including telemedicine and mobile health, can also assist in enhancing access to medicines in remote or hard-to-reach regions.

Access to medicines is a multifaceted and complex issue that demands an integrated approach. A simultaneous effort from governments, international organizations, pharmaceutical industries, and civil society is needed to address the issues of intellectual property rights, affordability, availability, and quality of medicines. Through realization of the intricacies of access to medicines and exploring areas for improvement, we can strive towards ensuring universal access to essential medicines and enhancing health outcomes globally.

Methodology

Survey Design

The research used a cross-sectional survey design to collect information on providing fair access to medicines. The survey was designed to obtain the perceptions and experiences of international students on access to medicines.

Sampling Method

Convenience sampling technique was utilized, whereby the survey was distributed to international students pursuing studies at Punjabi University Patiala. The convenience sampling technique was used because it is easy to access and data can be collected with speed.

Location

The research was carried out at Punjabi University Patiala, which is a high-level educational institution in India drawing students from around the globe.

Participant Recruitment Criteria

The participants were international students who were pursuing their studies at Punjabi University Patiala. The recruitment criteria were as follows:

- An international student
- Studying at Punjabi University Patiala at the time of recruitment
- Willing to respond to the survey

Data Collection Tools

Data was gathered through a self-administered questionnaire distributed via Google Forms. The questionnaire was created to obtain information on the views and experiences of the students in terms of access to medicines.

Data Collection Procedure

The Google Form was distributed to the participants via email or social media. The participants were presented with a short introduction to the study, and their consent was assumed through the completion and submission of the questionnaire.

Ethical Approval Details

The research followed the dictates of informed consent and confidentiality. Even though the research did not need formal ethical approval since it did not follow the required standards, the respondents were guaranteed their anonymity and confidentiality of their answers.

Survey Instrument: The survey instrument used was a closed-ended questionnaire that investigated several areas of medicines access, such as challenges and opportunities.

Data Analysis: The data thus gathered was analyzed through descriptive statistics and inferential statistics in order to see patterns and trends within the responses.

TABLES

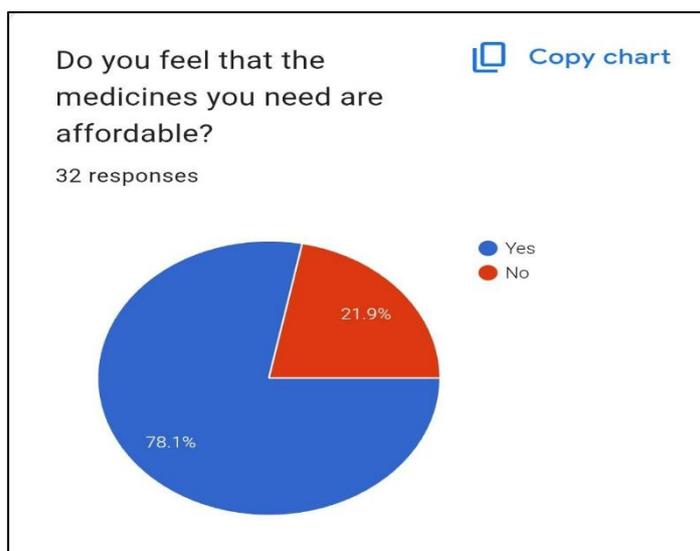
GENDE R	EDUCATION LEVEL					GRAND TOTAL
	HIGH SCHOO L	SOME COLLEGE	BACHEL OR'S	MASTERS	PHD	
FEMAL E	3	2	6	2	2	15
MALE	1	2	4	8	2	17
TOTAL	4	4	10	10	4	32

SATISFACTI ON WITH PRESCRIPTI ON	FREQUENCY OF EXPERIENCING STOCK OUT AT THE NEAREST HEALTH FACILITIES				GRAND TOTAL
	NEVER	RARELY	OFTEN	SOMETIME S	
SATISFIED	7	8	0	1	16
DISSATISFIE D	0	4	1	0	5
NEITHER	3	4	0	0	7
NEUTRAL	0	2	1	1	4
TOTAL	10	18	2	2	32

TRUST IN QUALITY OF MED OFFERED	AVAILABILITY OF REQUIRED MEDICATION AT THE NEAREST HEALTHCARE CENTRE/ PHARMACY			TOTAL
	YES	NO	MAYBE	
YES	10	6	4	20
NO	3	2	3	8
MAYBE	2	1	1	4
TOTAL	15	9	8	32

Average Distance the Pharmacy or Health Centre	Number of people
1km	11
2Km	13
3km	3
4km	3
5km	2

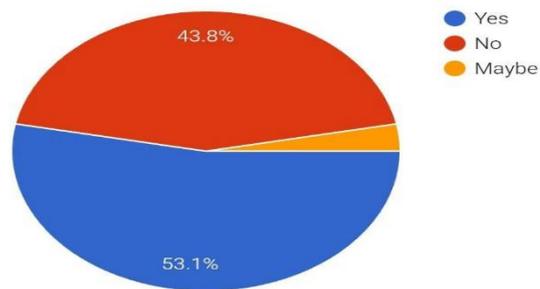
GRAPHS, FIGURES



Are there any social or cultural factors that affect your ability to access medicines?

32 responses

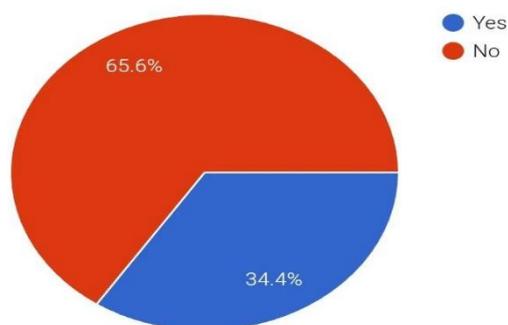
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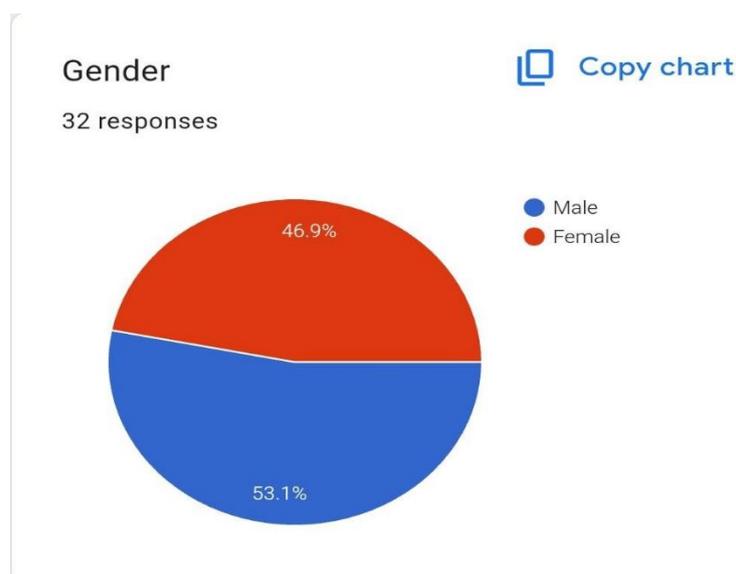
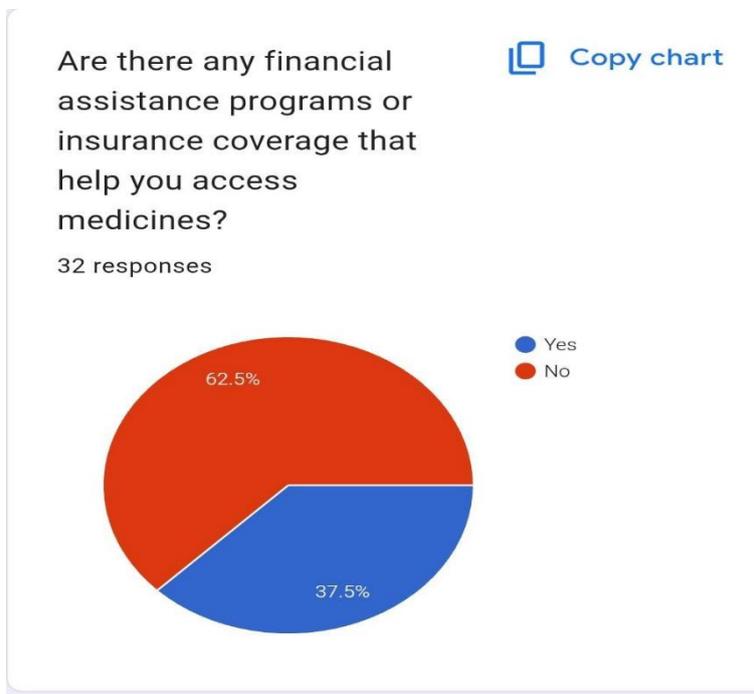


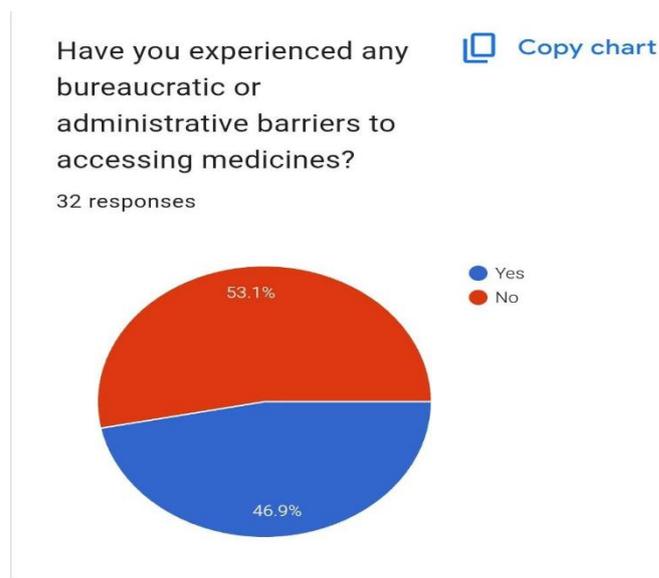
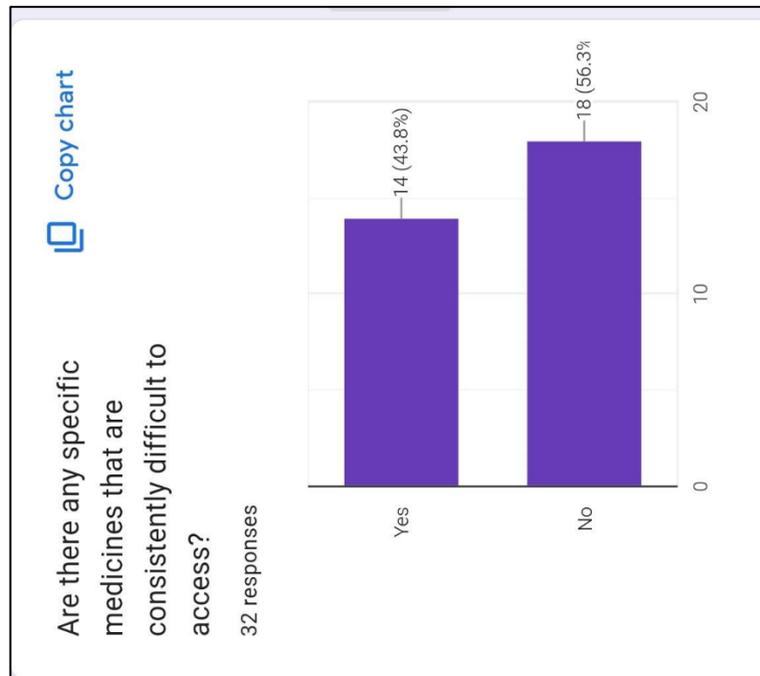
Have you ever had to choose between buying medicines or other essential expenses?

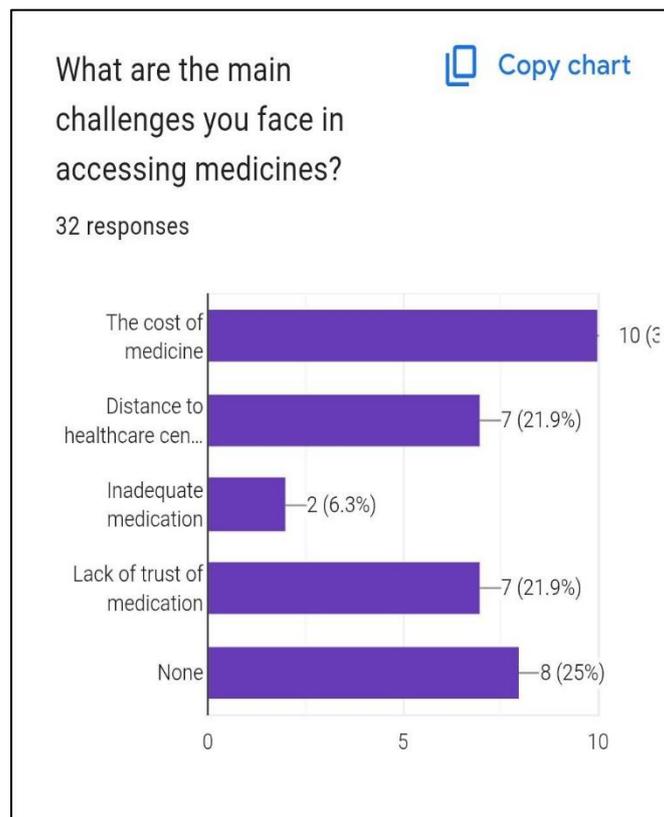
32 responses

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Results and Discussion

Gender and Education Level:

There are a total of 32 respondents, with a slight balance in favor of male (17) over female (15). The largest number of respondents across both sexes are at Bachelor's and Master's levels of education (10 each), while High School and PhD levels have 4 each.

Satisfaction with Prescription and Stock Out Frequency:

16 agree with their prescription, 5 disagree, 7 are neither, and 4 are neutral. Most of the respondents (18) hardly ever experience stock-outs at the closest health facilities, then those who never experience them (10). Few experience stock-outs often (2) and sometimes (2).

Trust in Medication Quality and Availability

20 of the respondents have faith in the quality of medicine provided, whereas 8 do not, and 4 do not know. In response to whether required medicine is available, 15 of them say it is available, 9 say it is not, and 8 are not sure.

Distance to Pharmacy/Health Centre:

The largest number of individuals (11 and 13) reside between 1km and 2km respectively from a health centre or pharmacy. The smallest number of people reside 3km, 4km, or 5km (3, 3, and 2 respectively) away.

Affordability:

A huge majority (78.1%) of the respondents find that the medicines they require are not affordable, whereas only 21.9% find them affordable.

Social/Cultural Factors:

A majority (65.6%) of the respondents say that social or cultural reasons do not influence their capacity to get medicines, in contrast to 34.4% who say they do.

Financial Choices:

A great majority (65.6%) of the respondents have ever had to decide between purchasing medicines and other uses of their money, whereas 34.4% have not.

Financial Assistance/Insurance:

Most (62.5%) of the respondents do not get assistance from financial programs of assistance or from insurance for accessing medicines, while 37.5% do.

Difficulty in Accessing Certain Medicines:

The majority of respondents (56.3%) reported that there are no particular medicines that are always difficult to access, with 43.6% reporting experiencing such difficulties.

Bureaucratic/Administrative Barriers:

A slight majority (53.1%) of the respondents have had bureaucratic or administrative barriers to accessing medicines, as opposed to 46.9% who have not.

Principal Problems in Accessing Medicines:

The price of medicine is the most common problem (10 mentions).

Proximity to healthcare centers and distrust of medication/doctors are both important issues (7 responses each, 21.9% each).

Insufficient medication is a less frequent issue (2 responses, 6.3%).

A considerable segment (8 responses, 25%) indicated they had no challenges.

Insights:

Education Level and Gender Split:

The sample seems biased towards Bachelor's and Master's education levels, which may affect opinions towards healthcare services.

General Satisfaction with Prescriptions:

A considerable majority of the population surveyed (16 out of 32) is pleased with the prescriptions, indicating an overall positive experience in this respect.

Stock-out Management:

The infrequent "often" or "sometimes" occurrence of stock-outs points to relatively effective stock management at the nearest health facilities.

Trust vs. Availability:

Whereas a majority relies on the quality of drugs, there's a significant percentage who can't find the necessary drug, indicating a gap between perceived quality and access.

Accessibility:

Information on distance reveals that a majority of respondents are fairly near healthcare centers, which translates to good physical access for the majority.

Widespread Affordability Problems:

Unaffordability is the major hindrance to medicine availability for a majority of respondents, indicating a common cost burden.

Limited Influence of Social/Cultural Issues:

Although they are present in a minority, social and cultural issues are less often cited as a barrier than financial issues.

Hard Choices:

The significant proportion of those compelled to cut back on expenses underscores the extreme cost burden faced by many in procuring required medication.

Inadequate Financial Services:

The narrow scope of insurance and financial support initiatives reveals a substantial deficiency in support systems intended to facilitate medicine access.

Whereas much of the population struggles with difficulties, that of persistently hard-to-access particular medicines is not an across-the-board phenomenon, and this indicates that availability could be geographic or condition-specific.

Bureaucratic obstacles are a general problem, impinging on over half of the interviewees, demonstrating systemic issues in the accessibility process of healthcare.

Economic burden (medicine cost) is the main obstacle to the access of medicines, demonstrating economic inequality or unresponsive insurance/subsidy schemes.

Geographical accessibility (healthcare center proximity) and psychological issues (distrust) are significant factors, necessitating better infrastructure and patient-provider ties.

Implications:

Targeted Interventions:

Since there is a greater density of respondents with Bachelor's and Master's degrees, future interventions or surveys may want to consider stratifying by education to grasp individualized needs or issues.

Preservation of Prescription Satisfaction

The level of high satisfaction with prescriptions can be sustained, possibly through ensuring ready quality and availability of prescribed medication.

Availability Concerns:

In spite of high faith in quality, availability concern must be tackled to make every patient able to have access to the needed drug. This may be by enhancing supply chain management or raising levels of common drugs required.

The excellent physical accessibility can be utilized for enhanced outreach programs or health awareness initiatives, given that the majority of the population remains within convenient distance of healthcare facilities.

Separate Investigation into Dissatisfaction/Neutrality:

The reasons behind dissatisfaction or neutrality with prescriptions, and non-availability of prescribed medication, need to be explored through separate qualitative research to define exact pain areas and areas of improvement.

Policy Intervention Necessary

There is an urgent need for policies to increase the affordability of life-saving medicines, possibly through pricing controls, subsidies, or increased insurance coverage.

Targeted Support Programs:

All efforts toward enhanced access should be directed primarily at overcoming financial barriers, such as reinforcing current financial support programs and developing new support models.

Awareness Campaigns:

Though less glaring, overcoming social and cultural barriers in the impacted minority could demand targeted awareness campaigns or community-level interventions.

Healthcare System Strain:

The implications are a healthcare system in which a high percentage of the population is having problems with the affordability of medicine, which could result in non-adherence and worse health outcomes.

Interventions would first look to target the affordability of medicine, possibly via subsidies, price regulation, or insurance reforms, as this is the greatest barrier.

Efficiency through Streamlined Processes:

Bureaucratic or administrative obstacles in medicine access should be simplified and minimized in order to enhance efficiency and minimize patient frustration.

Enhancing Healthcare Infrastructure & Trust:

Reducing geographic barriers (e.g., decentralization of healthcare centers, mobile clinics) and enhancing patient trust (e.g., patient education, quality assurance) are key strategies for broad access enhancement.

Precision Solutions for Individual Medicines:

Although not a global problem, targeted interventions could be needed for the drugs found to be routinely hard to obtain by a major minority.

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