

New investment strategy for affordable medicines

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Need for collaborative & impactful pvt sector investment to support access to quality of medicines for maternal, newborn & child health.



27.1% of maternal mortality deaths are caused by haemorrhage, and of these, 19.7% are due to postpartum haemorrhage. Maternal death is preventable in almost all cases, and according to the UN Commission on Life-Saving Commodities, 2015, it makes maternal mortality an injustice that should not be tolerated given in the current day and age. Low access to quality, effective medicines across low and middle-income countries (LMICs) is one of the key causes of preventable maternal, infant and child deaths.

Concept Foundation – an NGO working to improve access to quality reproductive and maternal health medicines in lower income countries – organized ‘**The Quality of Life-Saving Medicines – A New Investment Strategy**’, a side-event to the **PMNCH Partners’ Forum in New Delhi recently**. It was a high-level panel discussion that sought to explore why the private sector, investors and philanthropists of LMICs are yet to play a significant role in action on quality of maternal, newborn and child health (MNCH) medicines. Further, the panel explored the motivating factors for the private sector, investors and philanthropists to invest in health initiatives, and what is the missing link that is preventing further engagement in this area. **The panel discussion was moderated by season journalist Shai Venkatraman, Editor, Newzhook.**

The event began with an introduction to the ongoing quality of medicines issues and their impact on MNCH and development in general by **Fiona Theunissen, Program Manager – Access to Maternal Health, Concept Foundation** “We need to invest from the heart. Investment is critical across a spectrum of initiatives from manufacturing, procurement and distribution to education and innovation to ensure access to quality life-saving medicines. In addition, efforts of the private sector must be coordinated and impact-oriented,” said Theunissen.

Dr. Arun Kumar Aggarwal, representing FICCI at the panel discussion said, “The concept of quality control in life-saving medicines is essential, and there are strong discussions at FICCI on key issues including health, skilling, manufacturing, procurement, and more. The pharmacy system in India still requires improvements through appropriate quality checks.”

According to a recent report by the World Health Organization (WHO), 1 in 10 ten medicines, mostly in LMICs, is substandard. There is ample evidence describing a serious, persistent problem with the quality of oxytocin, in particular, across LMICs. Oxytocin is the widely accepted and gold standard uterotonic for prevention and treatment of post-partum haemorrhage (PPH). The drug was identified as one of the 13 essential overlooked life-saving commodities, which according to a 2012 UN Commission Report, if more widely accessed and properly used, could save the lives of more than 6 million women and children. The 2017 Indian Government's National Survey of the Quality of Medicines identified that 47% of oxytocin sampled across the nation did not meet quality standards.

Elizabeth Lule, Global Health and International Development Independent Consultant, The World Bank Group drew attention to the need to enhance public-private partnerships for ensuring access to quality medicines, adding that India has a powerful women's rights and health movement that has largely helped reduce maternal mortality.

The Quality Life-Saving Medicines – New Investment Strategy introduced new investors to the unfinished task of improving access to quality life-saving medicines, explored ways to bring the public health sector and private investors and philanthropists together and develop a path for effective collaboration on delivering quality medicines to women, infants and children across LMICs.

Amitabh Mehta, Advisor, Fundraising, Innovative Finance and Market Strategy, & PPP Expert said, "There is limited collaborative private sector investment in public health initiatives currently, with the focus largely being on CSR, and most companies working in silos. There is a need for public sector organizations to propose innovative engagement models through which the corporate sector can be encouraged to invest in health while minimizing risk and ensuring impactful work. Investing in maternal health can have implications for child health, with additional positive impact on the GDP of the country."

"Medicines are the only product in India that are not bar-coded, preventing effective quality control mechanisms. This, coupled with the limited technology and leakages within the pharmaceutical world make for severe barriers to ensuring a transparent system in the sector," **said Ashutosh Garg, Founder and Chairman, Guardian Lifecare Pvt. Ltd.**

India is one the world's main sources of generic medicines destined for LMICs. The pharmaceutical industry is a significant contributor to the country's Gross Domestic Product (GDP). Launching the 'Quality Life-Saving Medicines – A New Investment Strategy in India' today recognized the indispensability of industry involvement through social investment for the public health sector, while challenging all stakeholders to do more to ensure that the medicines that reach patients are of the quality necessary to save lives.

Parul Soni, Global Managing Partner, Thinkthrough Consulting highlighted "the need for investment to enable powerful communication campaigns, which can be used to sensitize people to demand safe and quality medicines. Further, behaviour change communication is critical to make people aware about the indispensability of quality life-saving medicines for maternal health."

Shai Venkatraman, senior journalist, who moderated the panel discussion said, "The discussion was valuable because it brought together important voices from different fields and provided a platform for a frank exchange of ideas."

The event also displayed a photo exhibition of post-partum haemorrhage (PPH) stories – experiences of women, families and healthcare workers – from India, Nepal, Uganda and Nigeria.