

Product Development Partnership for better « Access to Medicines » An Example on Malaria







Access to Medicines







Access to Medicines at sanofi-aventis

- A fully integrated department covering all skill areas
- Dedicated to develop sustainable programs against diseases that impact the developing and emerging world
- Production facilities all around the world
- Partnerships with public & private national, international organizations









7 priority areas

MALARIA



LEISHMANIASIS



TUBERCULOSIS



EPILEPSY







MENTAL HEALTH



VACCINES









An Example on Malaria







Malaria –The context

- One-third of the world population lives in malaria endemic areas
- Approximately 500 million attacks/year
- More than 1 million deaths
 Primarily African children < 5 years</p>
- Major economic impactMalaria is a poverty-related diseaseMalaria worsens poverty
- Main problem with treatments: development of resistances
- Artemisinin-based Combination Therapies recommended by the WHO since 2001





DNDi and sanofi-aventis An innovative partnership

- ASAQ = artesunate+amodiaquine in Fixed Dose Combination
- Product development

Formulation developed by DNDi Industrial development program carried out by SA

Drug registration

Drug registered by SA in Morocco (where the product is manufactured) and then in endemic countries

WHO prequalification October 2008

- Price
 - « Access to Medicines » pricing policy: tiered-pricing, up to « no profit-no loss » in public sector, NGOs, international organizations...
- Non exclusivity of the product

DNDi and SA have agreed not to take any patent covering this FDC





Adapted Medicines



Artesunate-Amodiaquine

Artemether-Lumefantrine

AM

Co-blister

FDC*



5-15 kg



PM



Infant

(<8 kg)

Accès au Médicament

























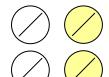


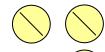
























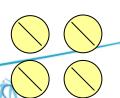


Drugs for Neglected Diseases initiative















Coarsucam / ASAQ

- Adapted to patient needs of all ages Four presentations / soluble tablets
- Simple as a once-a-day, 1 or 2 tablets, regimen Age- or weight-based dosing
- Accessible as a non-patented drug, at affordable prices in public markets, up to "no profit-no loss" prices
- **Q**uality

WHO GMP-certified manufacturing plant WHO prequalification





Affordable Medicines

► Public markets:

Artesunate-Amodiaquine Winthrop®

Tiered-pricing policy up to "no-profit no-loss" price:

- < \$1 adult treatment</p>
- < \$0.50 children treatment</p>



Private markets:

Coarsucam®

\$2 to \$3 Wholesalers' price









Mission accomplished?







Tools & services for appropriate use of medicines

- For healthcare professionals:

 medical information on diagnosis and treatment of malaria
- For communities and families:

Prevention of malaria: where does malaria come from?
Key messages on medicines (compliance, quality)

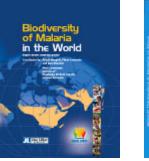
► "Tool Box" to be adapted by local stakeholders



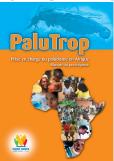
Accès au Médicament

Tools & services for appropriate use

of medicines









> Regional hospitals









> District hospitals



> Dispensaries

Primary care centers



> « Cases de santé »



Communities and families







www.impact-malaria.com







Coarsucam / ASAQ « Deployment Monitoring Plan »







Coarsucam / ASAQ « Deployment Monitoring Plan » - Rationale

Counterfeits and substandard generics will soon follow ASAQ launch

Risk of safety issues, rumors, controversies

Limited <u>pharmacovigilance</u> and <u>resistance monitoring</u> systems in sub-Saharan Africa

Limited spontaneous pharmacovigilance reporting

No pharmacovigilance data to be expected from industrialized countries

Sanofi Aventis and DNDi have a duty to monitor ASAQ safety, as well as development of resistances during widescale deployment





Coarsucam / ASAQ « Deployment Monitoring Plan »

▶Objective :

Gather good quality safety <u>and</u> efficacy data in a variety of malaria transmission settings, through a variety of proactive studies

Methods

Randomized clinical trials (> 4 ongoing studies in Africa)

Comparative 2-years cohort studies (Senegal, Uganda)

Large-scale comparative safety study (1000 patients, Liberia)

Large-scale ASAQ implementation study (15,000 patients, Côte d'Ivoire)







Coarsucam / ASAQ « Deployment Monitoring Plan »

▶Objectives

Approx. 20,000 ASAQ patients enrolled

Beyond antimalarials, help build capacity and expertise on novel ways to perform pharmacovigilance in Africa

MMV and DNDi support for "implementation study"

WHO Department of Medicines Policy and Standards: this initiative will set standard for "Risk Management Plans" for future antimalarials







Benefits of PDPs

- ► Putting together the strengths of partners, PDPs, focusing resources and competencies, permit to develop faster high quality products
- Partners must ensure appropriate use of drugs and continued support

For the benefit of patients in endemic countries

Because health matters





Thank you for your attention

