

Access strategies for new treatments

3-4 October 2018, Kampala , Uganda



DNDi Access strategy

The objective is to provide access to treatment to neglected patients

The strategy and activities are guided by the following principles:

- The need to facilitate equitable access to the new treatments developed by DNDi
- The desire to transition these treatments, in the long run, to their natural implementers, i.e. National Ministries of Health, and Control Programs, WHO and NGOs, in order for DNDi to focus on its core activity of Research and Development; and
- A commitment to contribute to the development of approaches for improved access and disseminate knowledge.

Access : the « supply » view

- Identify the unmet medical need
- Develop the needed medicine
- Make it affordable
- Make noise around it
- And patients will get it



Access : the « demand » view

- Someone must seek for medical care
- Someone must prescribe a medicine to the patient
- Someone from the medical facility must order it
- Someone must bring it to the medical facility
- Someone must pay for it
- Someone must make it



Key success factors for access in public markets

- **Sustained demand:**
 - Collect/generate/communicate evidence
 - Access to diagnosis
 - Disease epidemiology
 - Safety and efficacy of available and future treatments
 - Inclusion in local treatment guidelines
 - Training on use of new drugs
 - Permanent « marketing » of DNDi medicine vis-à-vis decision makers and users
- **Sustained funding:**
 - Evidence-based business plan to convince funders
- **Sustained supply:**
 - Business case to ensure manufacturer's sustained commitment
 - Inclusion of new treatments in local supply chains

Key stakeholders for Access

- **Ensure demand**
 - Political decision makers
 - Treatment policy bodies
 - Academics
 - Civil Society Organisations
- **Ensure funding**
 - Political decision makers (answering « demand » requests)
 - National and International funders
- **Ensure supply**
 - Drug manufacturer(s)
 - Supply chain managers



Access action plan

- How are we going to do this ?

What do we want to do ?

- ❑ Build action plans that address unsolved challenges in
 - Demand
 - Funding
 - Supply
- ❑ Action plan combines our input and that of key stakeholders

How will we do this?

- ❑ Map key determinants of Demand/Funding/Supply
 - Existing assets
 - Challenges
- ❑ Map most critical stakeholders by: Demand/Funding/Supply
 - Allies: support / reinforce
 - Neutral: convince
 - Hostile : monitor / neutralize

Example of action plan

❑ Ensure demand

- How many patients will need the new drugs, where are they, what is the disease presentation and the diagnosis tools.
- How to get new drug in the national treatment guidelines?
- How to ensure proper information of prescribers? Of suppliers?

❑ Ensure funding

- How to ensure that international and national funders have the new drug in the radar screen?

❑ Ensure supply

- How to ensure motivation of our industrial partner(s)?
- What are the key supply chains that will carry the new drug? What problems do we need to overcome?



**Thank you for your
attention**

Assessing demand

Remaining number of cases

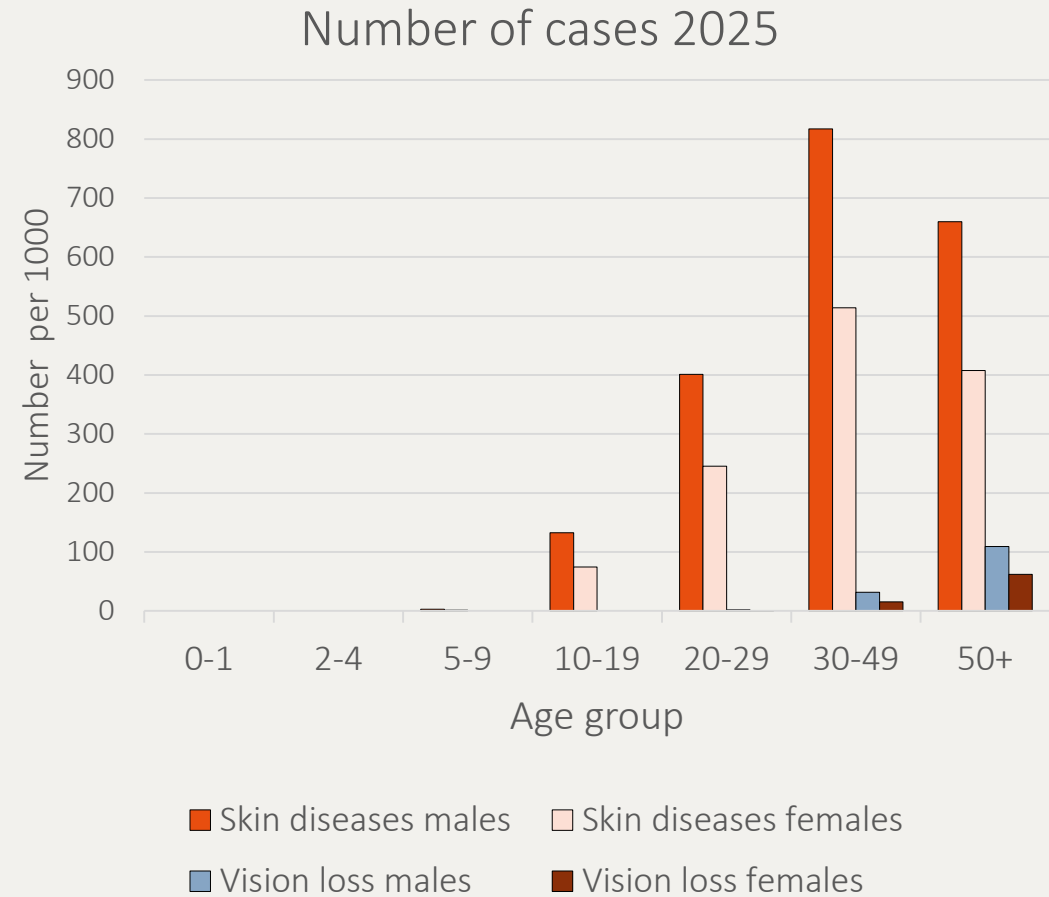
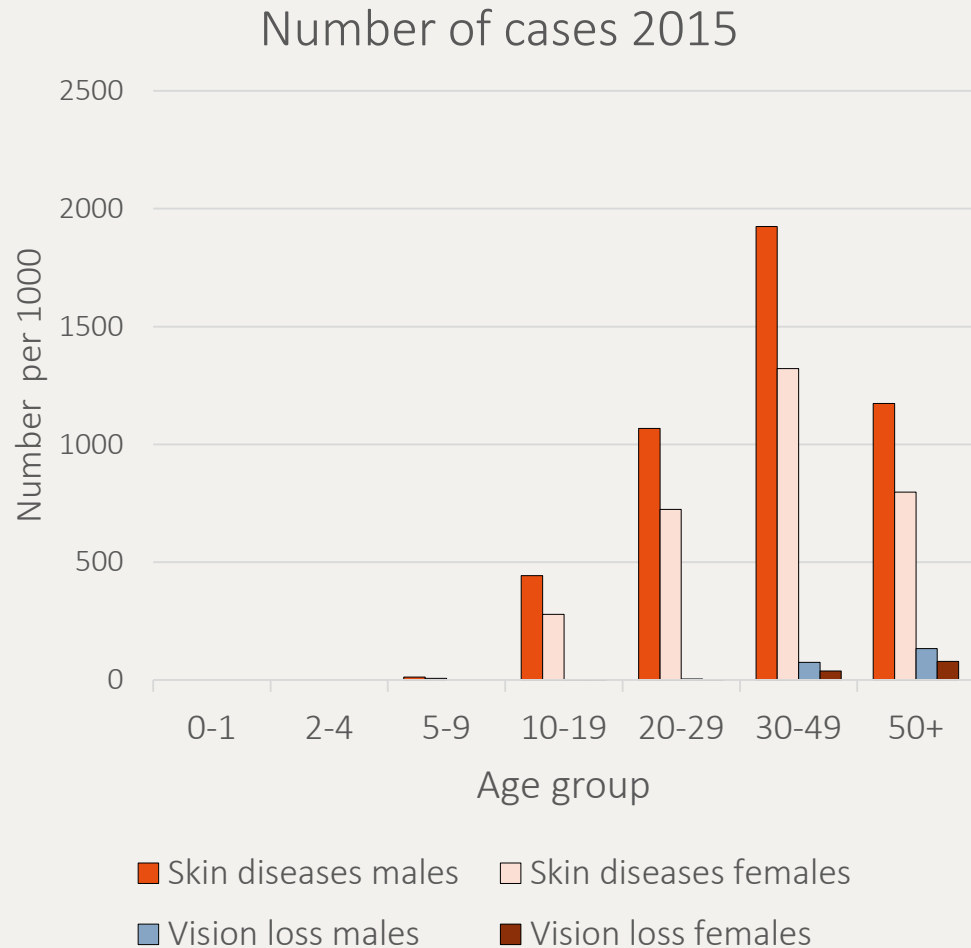


- ◆ ONCHOSIM was used to estimate the remaining number of cases in 2015 and 2025, in APOC areas and untreatad hypo-endemic areas
 - ◆ accounting for treatment history and expected treatments 2015-2025

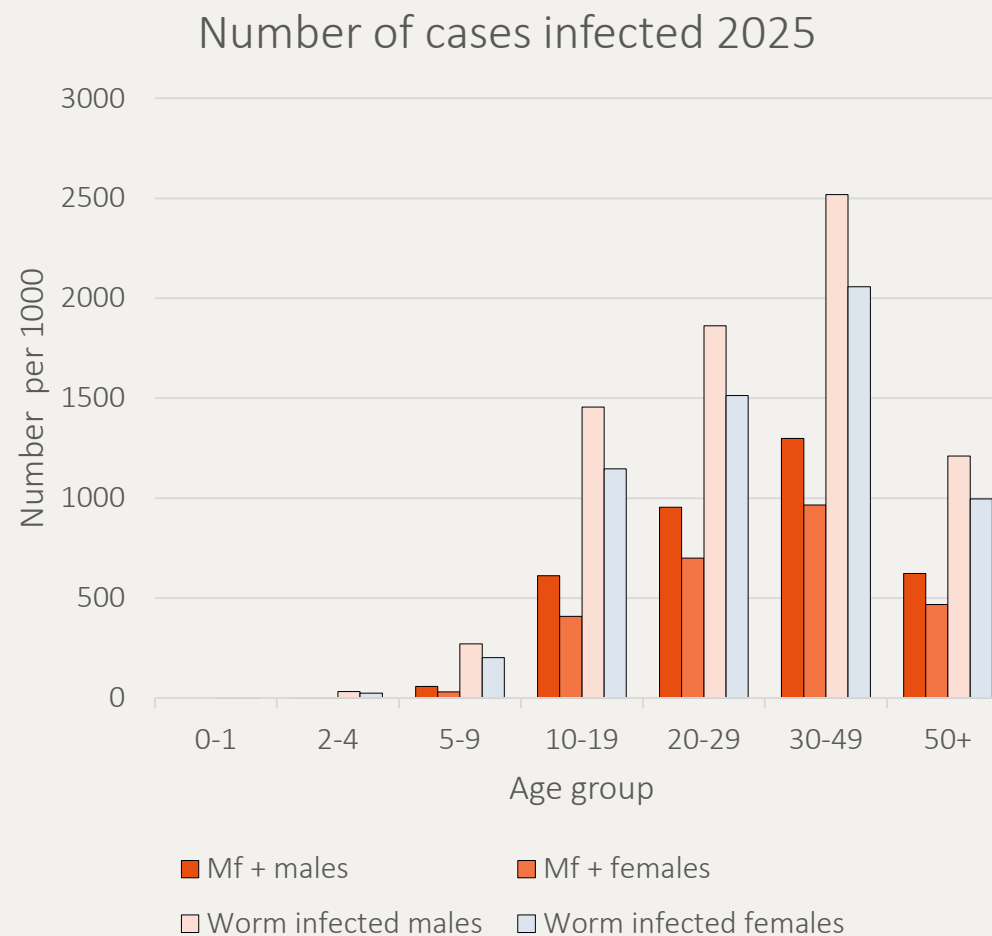
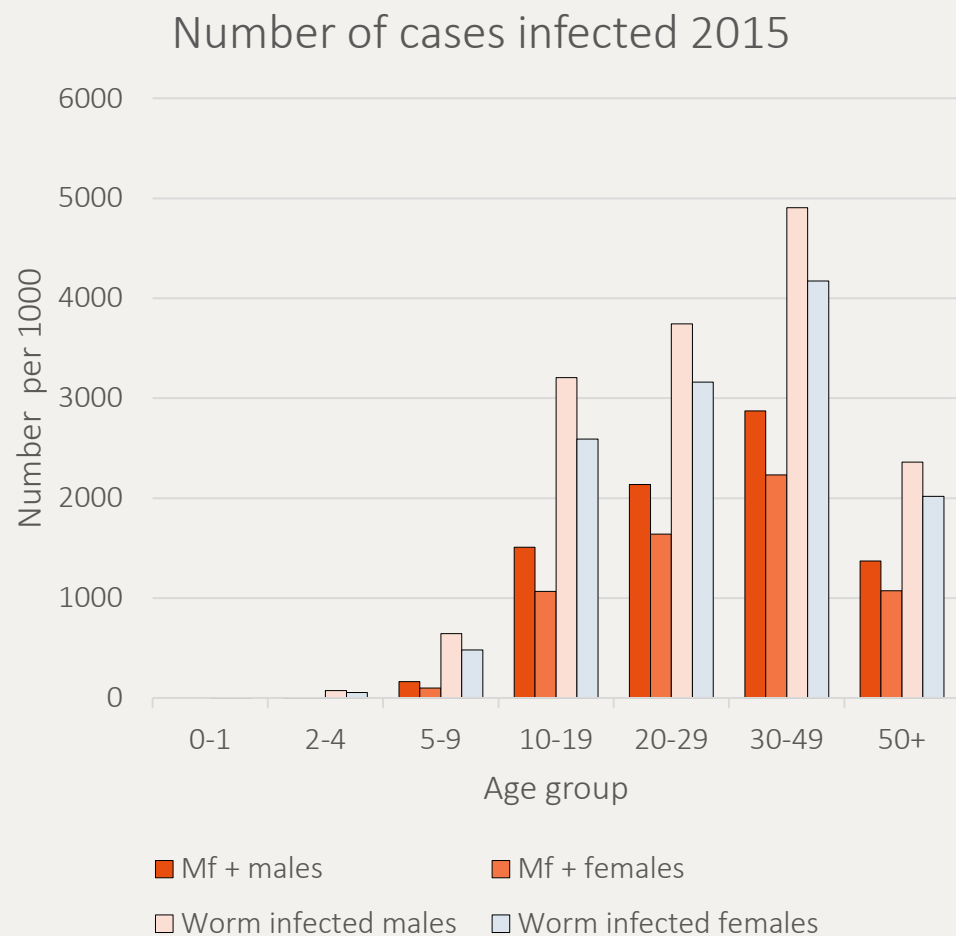
| | Remaining number (%) of individuals (x1000) | | |
|---------------------|---|---------------|--------------|
| | 1995 | 2015 | 2025 |
| Total pop. at risk | 88,811 (28%) | 152,794 (28%) | 200,412 (8%) |
| Mf infected cases | 24,475 (28%) | 14,859 (10%) | 6,464 (3%) |
| Worm infected cases | 32,078 (36%) | 28,748 (19%) | 14,336 (7%) |

- ◆ Also available: estimates of number of cases with morbidity

Patients with clinical manifestations 2015 and 2025 (APOC countries)

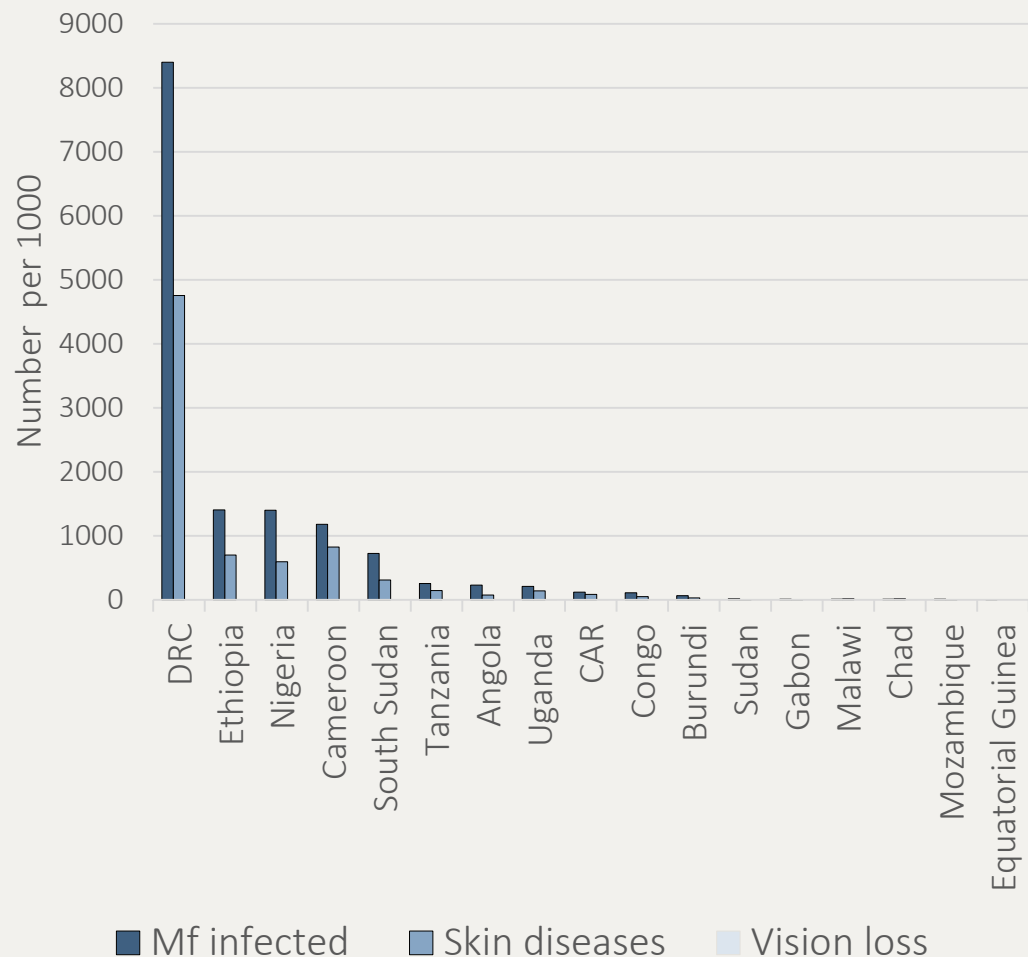


Infected onchocerciasis patients 2015 and 2025 (APOC countries)

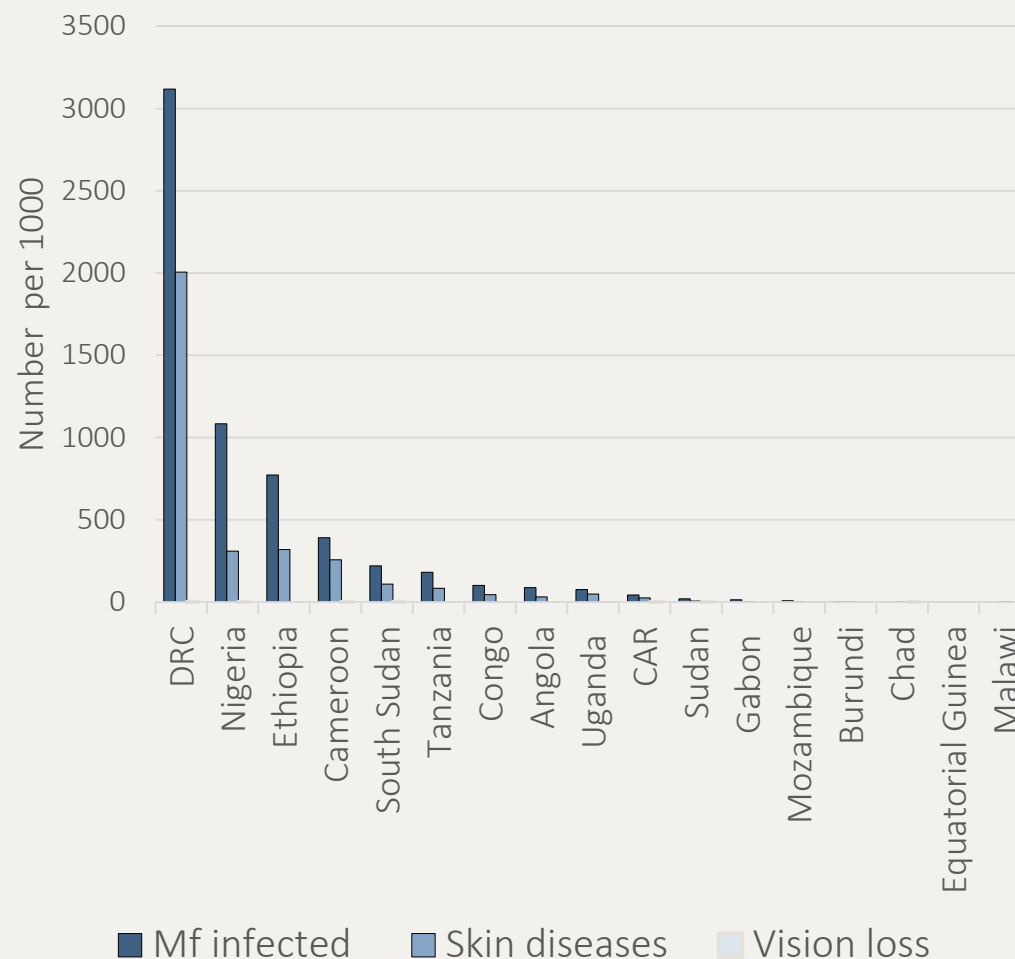


Onchocerciasis patients per country (APOC) 2015 and 2025

Number of cases 2015



Number of cases 2025



Loiasis and onchocerciasis infection

In 2015:

-*O. volvulus* mf+: 13,803,000

-*Loa*+ cases $\geq 20,000$ mf/mL: 429,500

-Co-infected cases (*Loa* $\geq 20,000$ mf/mL) :
46,000 (0.3%)

-% of all co-infected case in onchocerciasis
hypoendemic areas: 39.3%

- At-risk population MDA with ivermectin
contra-indicated) : ~ 16,2 million

In 2025:

-*O. volvulus* mf+: 3,570,000

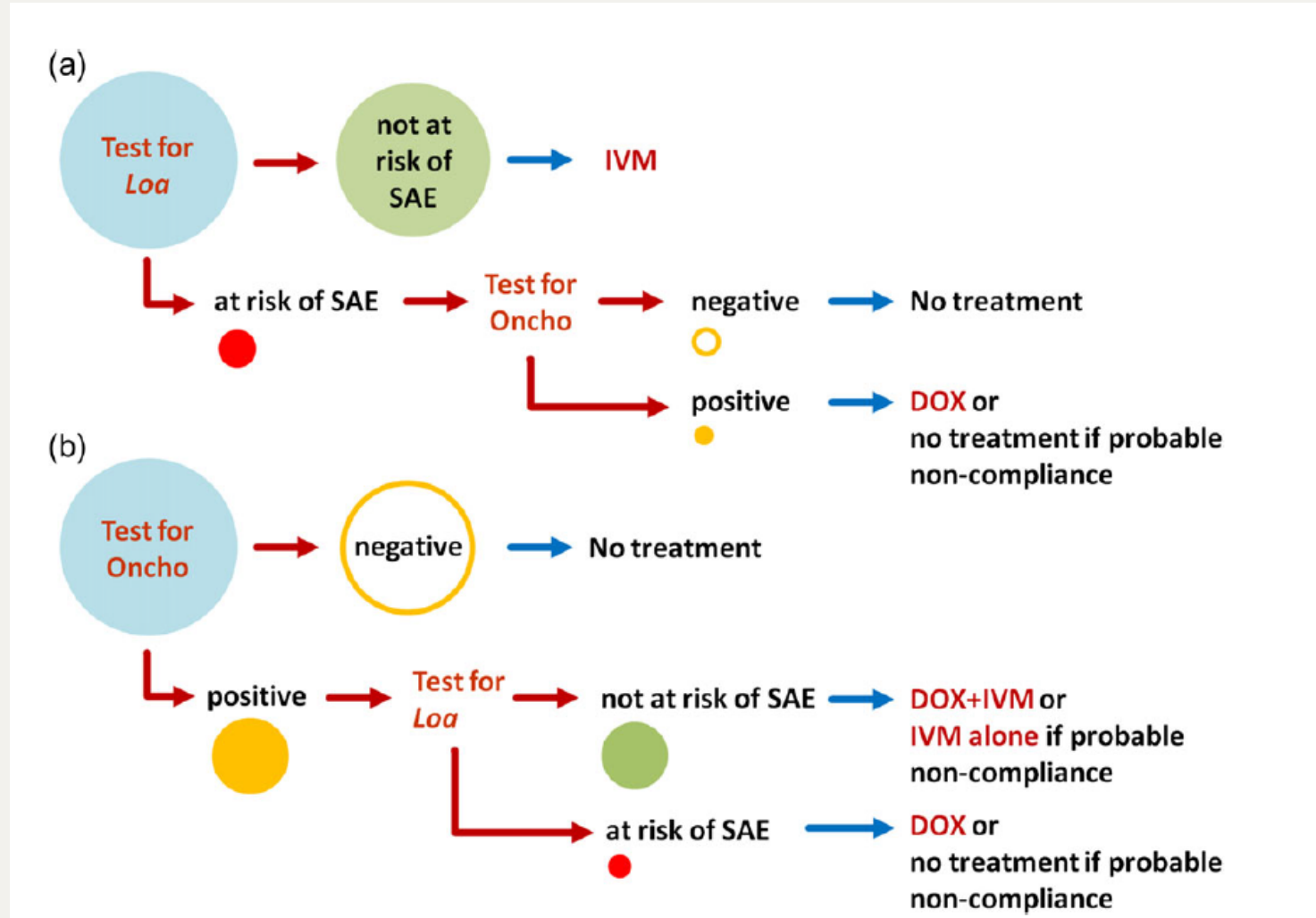
- *Loa*+ cases $\geq 20,000$ mf/mL : 473,900

-Co-infected cases (*Loa* $\geq 20,000$ mf/mL) :
24,600 (0.7%)

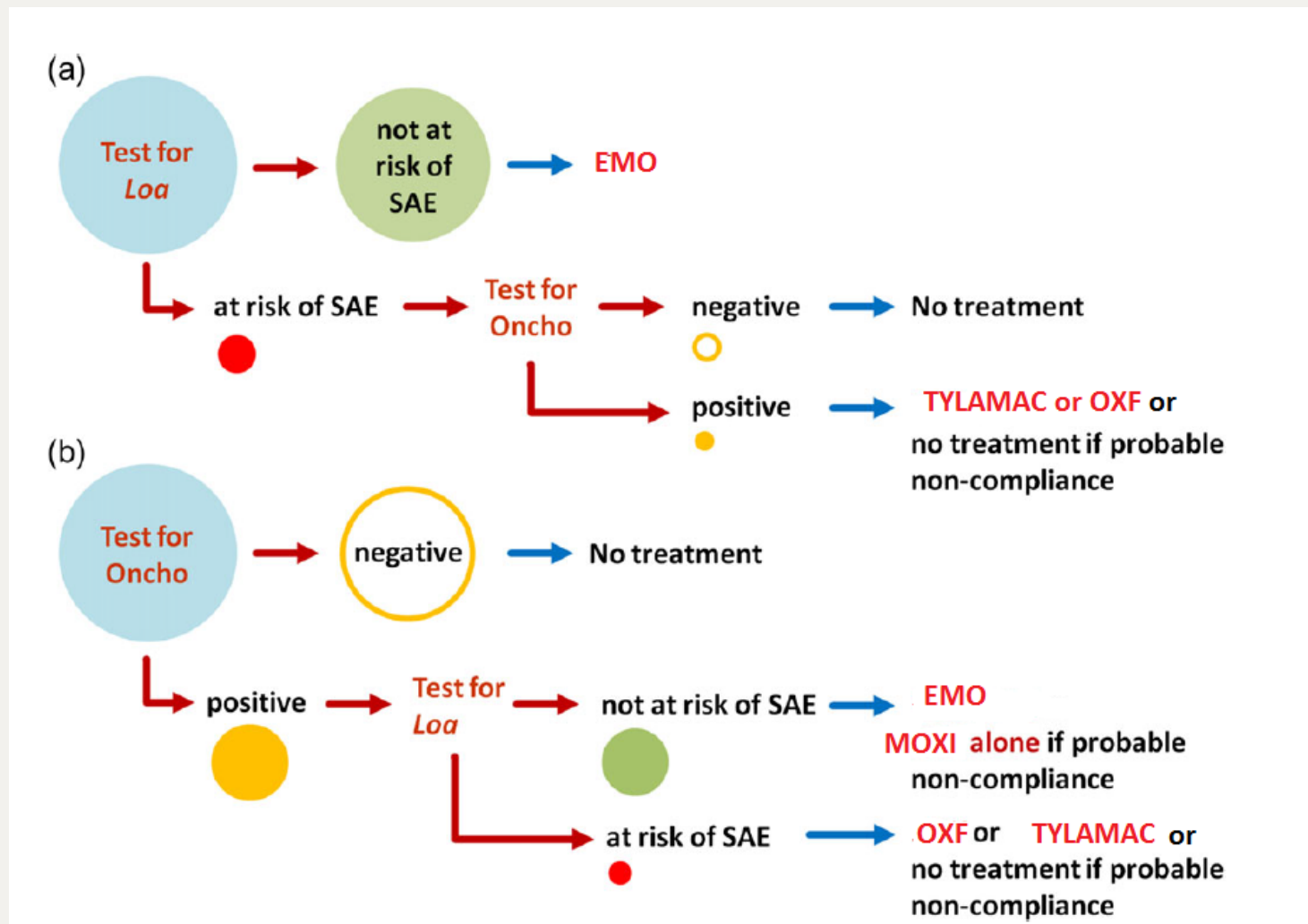
-% of all co-infected cases in onchocerciasis
hypoendemic area: 89.5%

-At-risk population (MDA with ivermectin
contra-indicated) : ~17 million

Test and treat strategies



Test and treat strategies with new drugs



EMO= Emodepside
OXF= oxfendazole
MOXI= Moxidectin