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

Also available: estimates of number of cases with morbidity.
Patients with clinical manifestations 2015 and 2025 (APOC countries)

Number of cases 2015

Number of cases 2025

Skin diseases males
Skin diseases females
Vision loss males
Vision loss females

Vinkeles NVS  Eramus MC et al. unpublished
Infected onchocerciasis patients 2015 and 2025 (APOC countries)

Number of cases infected 2015

Number of cases infected 2025
Onchocerciasis patients per country (APOC) 2015 and 2025

Number of cases 2015

Number of cases 2025

DRC, Ethiopia, Nigeria, Cameroon, South Sudan, Tanzania, Angola, Uganda, CAR, Congo, Burundi, Sudan, Gabon, Malawi, Chad, Mozambique, Equatorial Guinea, Skin diseases, Vision loss.
## Loiasis and onchocerciasis infection

### In 2015:
- *O. volvulus* mf+: 13,803,000
- *Loa*+ cases ≥20,000 mf/mL: 429,500
- Co-infected cases (Loa ≥20,000 mf/mL): 46,000 (0.3%)
- % of all co-infected cases 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 ≥20,000 mf/mL: 473,900
- Co-infected cases (Loa ≥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

- (a) Test for Loa
  - not at risk of SAE → IVM
  - at risk of SAE → Test for Oncho
    - negative → No treatment
    - positive → DOX or no treatment if probable non-compliance

- (b) Test for Oncho
  - negative → No treatment
  - positive → Test for Loa
    - not at risk of SAE → DOX+IVM or IVM alone if probable non-compliance
    - at risk of SAE → DOX or no treatment if probable non-compliance
Test and treat strategies with new drugs

(a) Test for Loa
- not at risk of SAE
  - at risk of SAE
    - Test for Oncho
      - negative
        - No treatment
      - positive
        - TYLAMAC or OXF or no treatment if probable non-compliance
  - at risk of SAE

(b) Test for Oncho
- negative
  - No treatment
- positive
  - Test for Loa
    - not at risk of SAE
      - EMO
    - at risk of SAE
      - MOXI alone if probable non-compliance

EMO = Emodepside
OXF = oxfendazole
MOXI = Moxidectin