The ADP partners

The United Nations Development Programme (UNDP) partners with people at all levels of society to help build nations that can withstand crisis, and to drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in more than 170 countries and territories, UNDP offers a global perspective and local insight to help empower lives and build resilient nations.

The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children’s Fund (UNICEF), UNDP, the World Bank and WHO.

PATH is an international non-governmental organization that drives transformative innovation to save lives and improve health, especially for women and children. PATH works to accelerate innovation across five platforms — vaccines, drugs, diagnostics, devices, and system and service innovations — that harness entrepreneurial insight, scientific and public health expertise, and passion for health equity. Working together with countries, PATH delivers measurable results that disrupt the cycle of poor health.

The collaboration between the Government of Japan and UNDP is a strategic partnership to promote R&D and to increase access to and delivery of health technologies used to address NTDs, TB and malaria.
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Foreword

Determining the most effective actions to advance health has become ever more complex, given the myriad of interconnected challenges.

At the global level, the 2030 Agenda for Sustainable Development’s health-related goals and targets are wide ranging, including, for example, attaining universal health coverage (UHC); strengthening preparedness for and responses to public health emergencies; as well as ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases.

At the national level, low- and middle-income countries (LMICs) are contending with rising population expectations for better and increased access to health services and the consequential increase in health expenditure.

If there were one concrete measure that can be taken to advance a range of health-related targets, it would be the strengthening of health systems. As noted in UNDP’s ‘HIV, Health and Development Strategy 2016–2021: Connecting the Dots’, resilient and sustainable health systems should be regarded as the foundation for achieving heath and development goals more broadly.

The 2030 Agenda aims to remedy the previous narrowly sectoral approach to health, by advocating for an integrated approach. The Sustainable Development Goals (SDGs) acknowledge that a focus on specific health conditions, without attention to systems and determinants, can lead to fragmentation as well as neglect of vital aspects of health. Hence, the SDGs emphasize the importance of UHC, which can only be delivered by systems that are strong and resilient. These are not seen as alternatives to disease control but, rather, the means by which effective, sustained advances for health will be made.

Efforts to tackle some of the most pressing health issues in LMICs have focused primarily on increasing research and development (R&D) on new health technologies for specific, high-burden conditions. However, it is now clear that without a strong emphasis on building the necessary capacities in LMICs to effectively access and deliver health technologies, increased R&D will not, on its own, lead to the introduction and use of these technologies. This understanding also brings with it the realization that many countries do not yet have all the systems and capacities they need to effectively introduce health advances as they emerge. In this light, the need for strengthening domestic institutions and mechanisms that enable the effective introduction and use of new health technologies in LMICs is vital and urgent.

This report presents the collective learning from the Access and Delivery Partnership (ADP) since its inception. To date, the ADP has successfully strengthened health systems capacities and institutions that deliver core functions of access and delivery in a number of focus countries. These lessons underscore the impetus for scaling up the ADP across a larger number of countries.

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Director, HIV, Health and Development Group
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Universal health coverage in a changing world

Acknowledging the significant impact of health and well-being on human and social development as a whole, the 2030 Agenda for Sustainable Development features health prominently among its 17 Sustainable Development Goals (SDGs). For example, SDG3 sets an ambitious target to end the epidemics of tuberculosis (TB), malaria, acquired immunodeficiency syndrome (AIDS) and neglected tropical diseases (NTDs) by 2030. With this target in sight, the SDGs underline the critical need for health systems strengthening, achieving universal health coverage (UHC), research and development (R&D) on new medicines, diagnostics and vaccines – as well as enabling equitable access to these new health technologies as they emerge.

The SDGs particularly highlight the need for synergies between R&D for new health technologies and their access and delivery. Addressing both aspects is of critical importance in helping low- and middle-income countries (LMICs) achieve the UHC and health-related targets embedded in the SDGs.

Acknowledging health as the foundation of prosperity and security, both for individuals and nations, G7 leaders recently committed to a renewed Vision for Global Health. Agreed at the 2016 Ise-Shima Summit, hosted by the Government of Japan, it sets out a prescient roadmap for scale up of international health-related interventions and maximising the impact in tackling related challenges. It also reiterates the central importance of new health technologies, as well as their access and delivery at the national level.

Similarly, a central pillar of the Nairobi Declaration agreed at the Sixth Tokyo International Conference on African Development (TICAD VI) is the strengthening of health systems, so as to be better able to achieve UHC, and to respond to public health threats, including TB, malaria and NTDs. To achieve these ambitious goals, national governments must identify the specific factors that impede health systems strengthening and UHC in their unique settings, including those that influence access to and delivery of basic health technologies. To do so, they must also be cognizant of the extensive and rapid changes taking place in many national and geopolitical landscapes.

The number of low-income countries has roughly halved in the past 15 years due to the rise in average income levels in many countries. The resulting higher expectations of citizens – including in relation to health services – has also coincided with technological advances in health care and increases in total health expenditure. At the same time, the impact of non-communicable diseases has been significant, or is anticipated to be, in many settings that were previously mostly affected by infectious diseases. Many countries are also undergoing the simultaneous transition from disease control to elimination strategies.

In such complex settings, the complete value chain for new health technologies assumes core importance. It incorporates essential R&D efforts, health delivery systems and efforts to ensure equitable access to essential health technologies among all populations, including the most vulnerable.

Despite the large body of literature on policy and technical guidance available, it can be daunting for countries to embark on activities aimed at strengthening this critical value chain as part of UHC and health systems strengthening efforts. The main areas of experience and learning of the Access and Delivery Partnership (ADP) focus on areas where these needs, opportunities and challenges overlap and interlock with one another.
Joining the dots to tackle tuberculosis, malaria and neglected tropical diseases

Despite remarkable progress in recent decades against the most prevalent ‘diseases of poverty’ – including through efforts to improve the availability of essential medicines and vaccines that are affordable, safe and effective – challenges persist in delivering promising new technologies to prevent, diagnose and treat some of the most common global health problems.

For example, almost five years ago the US Food and Drug Administration (FDA) approved the use of the first new anti-TB drug in over 50 years. Nevertheless, the use of bedaquiline today remains limited in most LMICs, including in some countries where the world’s TB burden is at its highest.1

And while praziquantel is the medicine of choice for treatment of schistosomiasis among school-aged children and high-risk populations, its general availability in many endemic countries was delayed for nearly 20 years. The tipping point ultimately came through a combination of policy and regulatory measures, coupled with effective procurement practices, which jointly led to increased demand for praziquantel, market competition and reduced prices.2

While innovation is clearly crucial, it is insufficient, on its own, to deliver essential health technologies to the communities and populations that need them most. There can be significant challenges to the introduction of new health technologies. In some cases, the introduction and use of a new health technology may require new or additional technical capacities that are lacking or absent within health systems in LMICs.
The impact of TB, malaria and NTDs

TB is one of the world’s deadliest communicable diseases: in 2015, 10.4 million people fell ill from the disease, of whom 4.3 million did not have access to care. Four out of five people with multidrug-resistant TB (MDR-TB) did not receive treatment, and only half who were treated were cured. An estimated 1.8 million people died from TB in 2015.3

In 2015, there were 212 million new cases of malaria, with the Africa region accounting for 90 percent of all cases. The disease led to 429,000 deaths in the same year, 71 percent of which occurred among children under five years of age.4

According to the World Health Organization (WHO), the 18 NTDs affect people in 149 countries worldwide,5 accounting for one of the highest burdens among all infectious and parasitic diseases. In 2015 alone, over 1.5 billion people were estimated to need preventive chemotherapy for at least one of the five major NTDs (lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis, trachoma), with only 63 percent coverage.6

In short, TB, malaria and NTDs are diseases of poverty and inequality, with the greatest impact on the poorest and most vulnerable people and communities. Yet only 10 percent of the world’s funding for health research is applied to the study of diseases in LMICs, where 90 percent of the world’s preventable deaths occur. In the past decade, however, there has been greater investment and the rise of public–private partnerships and product development partnerships (PDPs) to address this imbalance.
The Government of Japan has a long-established reputation as a leader in global health, including through its prioritization in foreign policy. It plays a critical role in the introduction of and access to new health technologies, including through its support for two interconnected initiatives:

- The Global Health Innovative Technology (GHIT) Fund stimulates innovation and research through the development of medicines, diagnostics and vaccines for TB, malaria and NTDs.
- The ADP amplifies the impact and influence of the GHIT Fund by assisting LMICs to enhance capacities to access, deliver and introduce new health technologies.

Promoting R&D of health technologies, while simultaneously facilitating their access and delivery, ensures that essential medicines, vaccines and diagnostic tools for TB, malaria and NTDs, when available, get to the people in greatest need.

The GHIT Fund is a public–private partnership, established by three key partners – the Government of Japan, a group of Japan’s leading pharmaceutical companies and the Bill & Melinda Gates Foundation – to fund the discovery and development of new health technologies through global partnerships. GHIT invests in technologies such as drugs, vaccines and diagnostics aimed at neglected diseases that afflict the world’s poorest people. GHIT seeks to realize the Government of Japan’s contribution to global health by leveraging Japanese technologies and expertise for the development of new health innovations. To date, GHIT has invested in a portfolio of 81 projects on medicines, vaccines and diagnostic tools, at the discovery, preclinical and clinical stages.

Limitations to the access to and delivery of new health technologies can be partly attributed to insufficient technical capacities in emerging areas of importance (e.g. pharmacovigilance). At the same time, there is also a critical need for integrated approaches to help ensure that the various elements of in-country systems work together effectively and are drivers of improved access.

Led by the United Nations Development Programme (UNDP), the ADP is a distinctive collaboration between UNDP, the Special Programme for Research and Training in Tropical Diseases (hosted by the WHO) and PATH that aims to strengthen capacities in LMICs to address these constraints.
Working together, the ADP partners leverage the expertise of each organization and, within focus countries, draw on the full range of technical skills necessary to strengthen the entire value chain for the introduction of and access to new health technologies. The ADP adopts an integrated approach in the provision of technical and policy support, while emphasizing strong collaboration with the governments of partner countries and national stakeholders.

New health technologies are broadly defined as medicines, diagnostic tools and vaccines that are relevant for the treatment or prevention of TB, malaria and NTDs but are not yet available for market introduction or have not yet been introduced in LMICs. The introduction of new health technologies can place a burden on existing health systems, including new requirements for regulation, supply and distribution, as well as health personnel training. Accordingly, the ADP focuses on equipping LMIC stakeholders with the necessary skills to develop the systems and processes required to effectively access new health technologies and introduce them to populations in need.

Acknowledging that multiple disciplines across the value chain are critical for achieving access to and the introduction and delivery of health technologies, the ADP approach aims to integrate these major work areas through interlinked pathways.

The ADP partners collaboratively assist a select group of countries to enhance their capacity to access, deliver and introduce new health technologies for TB, malaria and NTDs through sustainable, rational and evidence-based decision-making across multiple sectors. The ADP extends its impact beyond focus countries by developing and disseminating good practices and participating in South–South collaboration.

The ultimate goals and business models of the ADP and the GHIT Fund bear close resemblance, with both aiming to eliminate devastating infectious diseases predominantly prevalent in LMICs, and each adopting strategic intersectoral approaches that are integrated across multiple elements of a complex value chain.

Through the visionary strategy of stimulating R&D for new health technologies through the GHIT Fund, while at the same time helping to safeguard their sustainable access and equitable delivery in LMICs through the ADP, the Government of Japan successfully brings together what have historically been two parallel elements of the global health response.
Integrated action across sectors to promote access to and delivery of health technologies

Despide differences in national contexts, common challenges can be identified across different health systems. The ADP has identified capacity gaps that persist in LMICs, particularly in relation to the development of enabling policy and regulatory frameworks, the effective use of implementation research, sustainable resource allocation and priority-setting, as well as procurement and supply chain management. The ADP has focused on strengthening these capacities to enable the multiple institutions and mechanisms to effectively introduce and deliver health technologies to patients in need.

The intricate systems for introducing and delivering new health technologies involve various interconnected sectors and, hence, diverse parts of government. Effective and coordinated functioning of domestic institutions and mechanisms is required, as is cross-sectoral and integrated capacity-strengthening. The ADP brings together different sectors and critical capacities to address the breadth of issues that typically hamper the delivery of new health technologies. The ADP has successfully implemented interventions in Ghana, Indonesia and Tanzania that strengthened capacity within domestic institutions on core functions related to access and delivery, as well as promoting coordinated interactions between them.

Where new, effective health technologies are developed, their delivery within national health systems may nevertheless still present challenges. For example, while the approval of two new TB medicines offered the promise of treatment of MDR-TB, widespread introduction of these medicines remains to be achieved. Their introduction and use require active pharmacovigilance systems and strong regulatory frameworks. In a number LMICs, capacities to meet these requirements are still lacking.

Structured as six strategic, interrelated ‘pathways’, ADP activities address the range of essential capacities related to the alignment of policy and regulatory frameworks, as well as product safety monitoring, pricing, and supply and delivery systems. The ADP approach integrates these major work areas through the following six pathways:
Strengthening an enabling policy & regulatory framework and cross-sectoral coherence contribute to an effectively functioning health system.

**Health Technology Assessment**
- Support evidence-based priority setting & selection of appropriate health technologies.

**Supply chain management**
- Across the value-chain for efficient delivery of health technologies to end-users.

**Public procurement**

**Distribution & storage**

**Pharmacovigilance**
- To ensure safety & effective management of adverse events.

**Patients**

**Implementation & delivery research**
- To identify bottlenecks & optimise delivery & use for local context.

**ADP PATHWAYS**

The ADP works to support countries to ensure both the functioning of and interaction between these elements.

1. **An enabling policy and regulatory framework** is a pre-condition for an effectively functioning health system.

2. **Implementation research capacity** supplements policy-making by systematically identifying bottlenecks impeding scaled-up use of health technologies and developing strategies to overcome them.

3. **Capacities for safety monitoring and pharmacovigilance** permit the detection and management of adverse effects associated with new technologies, thereby protecting patients and mitigating a potential loss of confidence in the technology among the target population.

4. **Resource allocation through evidence-based decision-making** – such as that achieved through health technology assessment (HTA), which includes economic evaluation of health technologies – helps ensure the predictability and sustainability of financing within health systems.

5. **Health delivery systems define each country’s ability to provide access to health care, which in turn relies on good supply chain management**, comprising the efficient planning, procurement and distribution of essential health technologies.

6. **Strategic information** allows for evidence-based decision-making and for the ADP to tailor its support for optimal impact.
Priority-setting and capacity-strengthening for sustainability

Integrated implementation across all the ADP pathways is facilitated by strong intersectoral partnerships with government and other stakeholders in Ghana, Indonesia and Tanzania. Relevant institutions and policymakers in Thailand have continued to share key technical experience and know-how regarding the establishment of the UHC system and health governance, as a means of knowledge exchange between Thailand and focus countries. In the ADP focus countries, the strengthening of these parallel capacities has boosted national access and delivery mechanisms and institutions.

In Ghana, the ADP has promoted policy coherence and alignment between the various national sectors relevant to medicines regulation, disease control programmes and the medicines supply chain. Efforts focus on ongoing policy processes, to fill existing gaps in policy guidance and prioritization of issues related to the introduction and use of new health technologies in the country. Policy coherence and integrated approaches enable coordinated action across sectors, which can ensure that more
people receive access to essential health commodities faster.

The ADP supported the Ministry of Health (MOH) in the development of Ghana’s ‘National Medicines Policy 2016–2020’. The policy fills an existing policy gap by setting out updated policy guidance for the governance and regulatory control of the pharmaceutical sector, which will in turn support the introduction of new health technologies for TB, malaria and NTDs.

Ghana’s ‘National Health Research Agenda 2015–2019’ was also developed with ADP support. The health research agenda provides a systematic framework and action plan to prioritize efforts and resource allocation for implementation research that can address bottlenecks for the TB, malaria and NTD control programmes. The ADP’s support has also engendered a trained cohort of health researchers and programme implementers who can now lead research activities and raise external funding to investigate key priorities, such as improving the low rates of TB screening among HIV patients in routine monitoring, and addressing the persistent transmission of lymphatic filariasis in certain districts in Ghana.

Strengthening the country’s pharmacovigilance programme is also part of the ADP’s focus in Ghana. Through technical and capacity-building support to the Ghana FDA, the ADP has helped develop and implement an efficient data management system (Individual Case Safety Reports) for the early detection of safety issues, which will ensure the safe and effective introduction of new medicines.

In addition, the ADP has begun work with Ghana’s NTD control programme and the Ghana Health Service to strengthen the preventive chemotherapy supply chain during mass drug administration campaigns. This work is critical to increasing access to needed medicines and control of NTDs, as Ghana’s entire population of 25 million people is at risk of at least two of the five major NTDs (lymphatic filariasis, onchocerciasis, soil-transmitted helminthiases, schistosomiasis, trachoma)².
Indonesia is currently rolling out a national health insurance system, which includes the goal of making basic care available to all by 2019. Key related activities for the ADP have focused on the development and implementation of policy approaches appropriate to national priorities and needs, and to strengthen the financial sustainability of the national health insurance scheme, which will cost in excess of US$15 billion a year once it is fully implemented. Sustainability of the insurance system can contribute to better health outcomes for patients in need.

The ADP has worked with the MOH, the Ministry of Law and Human Rights and the national competition authority on delivering an integrated approach towards multisectoral policy and decision-making to improve the availability, affordability and accessibility of health technologies. The ongoing collaboration with these agencies supports the effective integration of public health perspectives into the national policy and regulatory frameworks, helping to animate a cadre of technical personnel within the various ministries with relevant capacities in policy review and analysis.

Working through the National Institute for Health Research and Development, the ADP has helped the MOH develop an implementation research strategy to deliver health technologies to as many people as quickly as possible. For example, current rates of detection and diagnosis of MDR-TB are very low, with only 7 percent of an estimated 32,000 new cases being laboratory-confirmed and treated. Hence, a key priority in this strategy relates to the scale up of the Gene Xpert rapid diagnostic machine for MDR-TB.

The ADP also partnered with the national pharmacovigilance centre to enhance capacity to monitor and manage adverse drug reactions, particularly for the introduction of bedaquiline, a new treatment for MDR-TB. With ADP support, the national pharmacovigilance centre has been conducting cohort event monitoring of bedaquiline treatment at three pilot sites, which exhibited a high rate of success within five months (88 percent of MDR-TB patients had culture conversion). Moreover, strengthened pharmacovigilance capacity also enabled the early detection and appropriate management of cardiac-related adverse events in a small proportion of patients (10 percent).

The ADP also collaborated with the MOH to institutionalize the HTA approach, and conduct pilot evaluations on selecting the most cost-effective and appropriate health technologies for the country. These pilot evaluations generated evidence on key measures that can help reduce morbidity and mortality, and achieve an estimated savings of up to US$6 billion in spending on treatment and care over a five-year period.

The ADP has supported the development of a procurement training module to address the supply chain challenges of medical devices and laboratory equipment. This module will be used as part of the national training manual for training provincial and district staff in over 700 hospitals across Indonesia. Such training is expected to ensure the availability of essential equipment for the timely and accurate diagnosis of TB, malaria and NTDs, particularly in geographically remote provinces.
In Tanzania, the ADP has focused on developing and strengthening capacities for supply chain management, safety monitoring and research. These are key functions for the introduction and delivery of new health technologies, which will ensure that patient needs can be met in a timely manner.

The ADP assisted the government to strengthen supply chain management of mass drug administration campaigns and address cost inefficiencies in the US$100 million NTD treatment programme. The ADP developed guidelines and training materials for the national NTD control programme, which are now used by the vast network of 67,000 community-based health workers and volunteers who deliver preventive chemotherapy to over 50 million people at risk of NTDs. These tools are now being adapted for use in Ghana as the ADP assists in strengthening the NTD supply chain there, allowing for this work to be done faster and for useful lessons to be transferred.

In collaboration with the National Institute for Medical Research, the ADP helped to develop the national agenda for health systems research to prioritize key areas for implementation research, and strengthened capacities to lead and conduct research aimed at addressing barriers to the uptake of health technologies for TB, malaria and NTDs. National researchers have now mobilized resources for key research activities, which include the formulation of strategies to expand coverage of mass drug administration campaigns and to optimize the use of rapid molecular diagnostics to improve early diagnosis and treatment of MDR-TB.

The ADP has also supported the Ministry of Health, Community Development, Gender, Elderly and Children (MOH-CDGEC) in the institutionalization of the HTA approach and built key capacities of a core group of national experts, who used these new-found skills to conduct the evaluation of the Standard Treatment Guidelines and the National Essential Medicines List. This was an important exercise because the list defines the benefits package under the national health insurance schemes that currently collectively cover around 10 million beneficiaries at a cost of US$150 million annually.11

The ADP is working with the Tanzania FDA to strengthen pharmacovigilance capacities and systems at the central, regional and facility levels. This has included the training of almost 300 health care providers from public and private health care facilities across 20 districts. The ADP also supported the roll-out of a system that allows for direct reporting of adverse drug reactions by the consumer to the FDA, which has led to a 50 percent increase in the reporting rate. The increased reporting rate is vital to ensure the timely and effective management of adverse events, particularly as new health technologies are introduced.

For optimal impact and results, the ADP partners have taken measures to ensure a coordinated, multidisciplinary approach that builds on the strong stakeholder commitment and ownership generated over the past four years.

First, the ADP adopts an integrated approach for capacity-strengthening across the sectors that have an impact on access to and delivery of new health technologies. Second, the ADP actively seeks collaboration with relevant regional and global institutions, with a view to extending the learning from ADP implementation and generating impact beyond the focus countries. Finally, the close collaboration with the GHIT Fund enables and strengthens essential linkages between drug discovery and product development, and the country-level measures required to facilitate access to and delivery of new health technologies.

As initiatives to stimulate greater innovation in health technologies for TB, malaria and NTDs begin to show results, it is crucial to ensure that these new technologies can be optimally introduced into the health systems of LMICs. The ADP approach also helps capture the learning and good practices from pilot activities to benefit other LMICs and other regional or global stakeholders, thus extending the reach of the ADP.
South–South learning and cooperation

In-country implementation experience is a rich source of South–South learning and exchange on successful approaches to access and delivery. To help foster such dialogue, the ADP has facilitated opportunities for exchange and learning on integrated approaches to access and delivery, and capacity-strengthening in specific technical fields. These activities have brought together over 500 policy-makers, technical experts, academics and other stakeholders from more than 25 countries in Africa and Asia to foster South–South learning and collaboration.

Expanding the reach of the ADP

Working in its focus countries, the ADP has been able to capture learning and best practices from in-country activities to benefit other LMICs, as well as regional and global stakeholders. Drawing on the vast technical information, experience and lessons gained from focus countries, the ADP has generated knowledge for universal adaptability and applicability, contributing to an expanded global repository of information, approaches and mechanisms. A range of knowledge products have been developed and disseminated to provide policy guidance, strengthen capacity and enhance strategies on implementing good practice.
Setting a national agenda for health systems research for tuberculosis, malaria and neglected tropical diseases in the United Republic of Tanzania

Access and Delivery Partnership: Pathway 2

National Institute for Medical Research
March 2015

New Health Technologies for TB, Malaria and NTDs

From the People of Japan

National Institute for Medical Research
South–South technical exchanges between ADP focus countries

The needs for capacity-strengthening and technical assistance differ by country. While low-income countries may seek a greater degree of assistance and involvement in overall policy and health systems development, the interest of middle-income countries tends to focus on technical exchanges around comparative country experiences. The ADP approach to facilitating South–South learning focuses on the policy, programmatic and technical issues that are common challenges across various health systems.

To increase project impact, the ADP has created forums and platforms for South–South learning and knowledge exchange on the ADP’s approaches, tools and interventions. Bringing together the ADP focus country stakeholders to share implementation experiences has inspired collaborations between the ADP focus countries, with a focus on leveraging the experience of policy-makers and technical experts in Thailand on a range of issues, such as pricing and procurement methodologies, HTA and implementation research.

South–South capacity-strengthening in relation to conducting and institutionalizing the HTA approach has been facilitated between Indonesia’s MOH and the Thai Health Intervention and Technology Assessment Programme (HITAP); and between the Tanzania Pharmaceutical Services Unit and PRICELESS (South Africa). These bilateral examples are closely linked to the ADP’s work with global learning networks on priority-setting and HTA platforms, such as the International Decision Support Initiative (iDSI) and Health Technology Assessment International Asia, as well as the UK National Institute for Health and Care Excellence (NICE).

Another example of South–South cooperation is the establishment of regional centres for health research training in Africa (based at the University of Ghana) and in Southeast Asia (based at the University of Gadjah Mada), which has enabled the ADP’s technical assistance to reach other countries in both regions.

The ADP has also helped to further strengthen national pharmacovigilance centres and disease control programmes through study placements and regional technical exchanges on safety monitoring. This included training on cohort event monitoring for adverse event surveillance of new medicines, carried out in partnership with the WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance based at the University of Ghana Medical School. The technical capacities developed for safety monitoring and pharmacovigilance will be crucial to facilitate the introduction of new health technologies.

Lessons learned from strengthening supply chain management of preventive chemotherapy in Tanzania are also being applied in Ghana, with technical support provided by experts from the Tanzania NTD control programme. The transfer of knowledge and experience between these countries will allow for successes to be replicated, while avoiding pitfalls in supply chain management, which is key for the effective supply and distribution of medicines.
Engagement with regional and global initiatives

To increase awareness of the ADP’s approaches among global stakeholders, the ADP has established strategic partnerships with a broad range of regional and global organizations, including: the African Union (AU) Commission, the East African Community Secretariat, the University of Cape Town, iDSI, Management Sciences for Health and the WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance. In Asia, partnerships have been forged with the UN Economic and Social Commission for Asia and the Pacific (ESCAP) and the Non-Aligned Movement Centre for South–South Technical Cooperation, and the United Nations Conference on Trade and Development (UNCTAD).

As part of its continuing collaboration with the AU Commission, the ADP has partnered with the New Partnership for Africa’s Development (NEPAD) – the technical arm of the AU – in the development of the Model Law on Medicines Regulation and Harmonization. The Model Law provides a comprehensive framework to guide AU Member States in establishing an enabling regulatory environment to deliver quality, safe and efficacious medical products and technologies to the African population. The Model Law was adopted by AU Member States in January 2016 and is a vital tool in promoting an integrated and coordinated approach for the regulation of health technologies. Given the need for robust regulatory frameworks and safety monitoring systems for the introduction of new health technologies, the Model Law will provide a means of enhancing capacities in the regulatory systems of countries in the region – which account for a major share of global disease burden – and enable speedier approval and introduction of new health technologies.

To help establish a structured process for identifying and addressing bottlenecks in the access and delivery value chain, the ADP also provides technical support and access to its knowledge products to regional and global information networks on health, such as the West African Regional Network on TB and the INDEPTH network. The membership of the latter comprises 42 health research centres that observe the life events of over 3 million people in 18 LMICs in Africa, Asia and Oceania through 47 health demographic surveillance field sites.
Looking forward

As the ADP moves towards the completion of its second phase in 2018, an important focus has been to distil and share key lessons. Two key lessons have emerged:

- First, without a corresponding emphasis on building capacities in LMICs to effectively access and deliver health technologies, increased R&D funding will not, in isolation, lead to the introduction and use of new health technologies. Although new health technologies are being developed and made available, their introduction and delivery within national health systems may still be delayed because many LMICs do not yet have all the requisite systems and capacities for efficient introduction and effective delivery.

- The second, and closely related, lesson is that various domestic institutions and systems have to function in a coordinated and coherent manner to enable access and delivery at the national level.

These lessons underscore the relevance and significance of the ADP approach in focus countries, and the impetus for scale-up.

The ADP’s focus countries are in some measure representative of LMICs, in that they reflect a range of income and development levels, technical and human resource capacities, geographical challenges and disease burdens. The current implementation experience has also shown that, despite specific national differences, there are often many shared policy and technical issues across different health systems.

The objectives and strategy for the scale-up of the ADP will be informed by the lessons from the ADP’s implementation experience in the focus countries and through South–South cooperation approaches. With the benefit of this experience, the ADP will also be able to identify the common and distinctive capacity gaps across respective countries, as well as the appropriate measures to address them so that new health technologies can reach patients in need, thereby enhancing the impact of GHIT and others that are investing in R&D for new health technologies for TB, malaria and NTDs.

For the scale-up, it will also be strategically important to ensure a greater level of complementarity between the ADP and PDPs, including the GHIT Fund. A focus on identifying and linking essential new health technologies with associated capacity-strengthening interventions has been shown to be feasible, and will be increasingly important as product development efforts show results.

The scale up of the ADP will strengthen capacities of national institutions and mechanisms responsible for access to and delivery of health technologies for TB, malaria and NTDs across at least 20 countries. This will enhance access to health technologies for patients in need and contribute to the achievement of UHC.

The overarching goal of the ADP is to promote effective access to, and delivery of, new health technologies for TB, malaria and NTDs in LMICs, with the aim of contributing towards meeting global health-related goals, as embodied in the SDGs, the G7 ‘Ise-Shima Vision for Global Health’ and the TICAD VI ‘Nairobi Declaration’. Ultimately, the success of the ADP will amplify the product development efforts of GHIT and others by supporting patients in need to access new health technologies for TB, malaria and NTDs.
References


7. For the prevention and control of NTDs, a WHO-recommended approach is the administration of preventive chemotherapy, which has been successful in reaching large numbers of affected populations. Preventive chemotherapy is a population-scale strategy, aimed at preventing transmission or lowering morbidity of a number of NTDs with medicines, either alone or in combination. The delivery of preventive chemotherapy is typically through mass drug administration campaigns, which take place once or twice a year, delivered by community-based health workers and volunteers.


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