

Tailoring tactics to tackle chronic disease in low-income countries

Healthcare expert Dr. Jonathan D. Quick discusses solutions to address the rapid rise of chronic illnesses in the developing world.

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Last September, [Novartis Access](#) became the first industry program focused on the affordability and availability of medicines addressing key noncommunicable diseases (NCDs): cardiovascular diseases, diabetes, respiratory illnesses and breast cancer. Such chronic illnesses are a major and growing challenge in the developing world. Already today, 28 million people die each year from chronic diseases in lower-income countries – representing nearly 75% of deaths from NCDs globally.



Dr. Jonathan D. Quick (left) during a recent visit to a program run by Management Sciences for Health.

Novartis Access [already launched in Kenya](#) and Ethiopia, with [first deliveries hitting the ground this week in Kenya](#).

Expanding access to healthcare and medicines often faces multiple challenges, such as shortages of trained healthcare professionals, poor understanding of chronic diseases, lack of healthcare infrastructure in rural areas and unreliable distribution networks for medical supplies. Novartis is collaborating with governments and nonprofit organizations to help overcome these challenges. One key partner in Kenya is Management Sciences for Health ([MSH](#)). MSH is a global health nonprofit that strengthens health systems and is working to help ensure supply chain integrity of Novartis Access – so that the medicines reach the people who need them.

Dr. Jonathan D. Quick, President and CEO of MSH, shares his views on how we can best address NCDs in the developing world:

How are lower-income countries coping with NCDs, in your view?

Overall, not well. I think the description of the chronic disease epidemic as being a slow-motion disaster is well put, because diseases like hypertension and diabetes tend to smolder quietly over time. It's like an underground forest fire: it smokes a little and then all of a sudden the forest is on fire.

The fact is, people with chronic diseases die younger and faster in developing countries. A man with prostate cancer or a woman with cervical cancer is three times as likely to die in low- and middle-income countries at the same stage of the disease as someone in a developed country. It's a huge challenge and it's going to get worse before it gets better. This is why it is so important to move quickly and to get on top of the problem.

What is the incidence of NCDs in lower-income countries?

Chronic diseases are not rich-country diseases, nor old-people diseases. Eight million children, adolescents and working-age adults die each year in lower-income countries from these diseases. That's more than AIDS, TB and malaria combined. So the absolute priority is to recognize the problem and take a practical approach at the local level.

So what can be done to improve healthcare in these countries?

There are some basic diagnostic tools that can be made available for a pretty reasonable price, like blood pressure cuffs or the ability to screen for blood sugars. About a year-and-a-half ago, we visited a health center in Uganda where I saw things that wouldn't have existed just five years ago. For example, a partnership with a local health insurance company which had set up a big tent for free screening of hypertension, diabetes and other diseases. I also saw an AIDS clinic that offered cervical cancer screening. Some health centers look just as dusty and disorganized as a decade ago but they are effectively delivering basic, simple, life-saving services. You can build on what's already there.

What about health education to diagnose diseases and treat them?

It's about awareness-raising, figuring out what to target, and then training facilities to build the system. Medicine supply is also key. When a patient is on medicines – long-term antiretrovirals, blood pressure medicines or any treatments for chronic diseases – you need to keep a steady supply. That requires inventory management and more. A successful example is South Africa, where they apply the computerized system they built for AIDS to also manage chronic diseases down the line into health centers.

How do you think Novartis Access helps to address the NCD challenge?

I think it's great that Novartis has made a commitment to chronic diseases in lower-income countries, as there is a huge disconnect between the epidemiology and the economics. I think the program takes a practical approach, covering a manageable number of medicines and health problems. I also believe it's wise to start in a limited number of countries.

I believe we need initial pilots not just to see technically how we implement Novartis Access, but also to build champions and advocates to generate interest. Kenya, for example, heavily decentralized its healthcare system. So it's at the county level where the power is in terms of delivering services. If you get a few counties

on board, and their political and healthcare leadership see that the program is making a difference, then they're going to convince others and the program will naturally expand.

We aim to help ensure that Novartis Access products are put into the right channels so low-income patients entitled to these medicines actually receive them at affordable prices and understand how to use them.

Dr. Jonathan D. Quick, President and CEO of Management Sciences for Health

What do you think is novel about Novartis Access?

I think there are two elements which make this program unique. The portfolio offering which targets the most prevalent NCDs and, beyond the medicines, the fact that it is working with governments to empower them to manage NCDs in their countries. Ownership at country level is essential to success -- not just of the pilots, but to amplify and scale up the program.

What is the role of MSH in Novartis Access?

Management Sciences for Health has a long track record of building locally-led and locally-run health systems. We help to build leadership, pharmaceutical capability and systems capability -- that's the core of sustainability.

For Novartis Access in Kenya, we are assessing the supply chains for public-sector and faith-based health care delivery. We aim to identify the strengths and weaknesses in these supply chains, with the emphasis on tracking and monitoring stock, and to propose solutions to address them -- in particular to minimize the risk of leakage and product quality deterioration. We will also assess the capacity to manage chronic diseases including diagnosis, treatment and patient monitoring, and identify where capacity-building efforts should focus.

In a nutshell, we aim to help ensure that Novartis Access products are put into the right channels so low-income patients entitled to these medicines actually receive them at affordable prices and understand how to use them.

With the [first product deliveries reaching Kenya](#) this week, we are excited to see that things are moving!

@jonoquick, CEO of @MSHHealthImpact, explains what it'll take to fight #NCDs in #LMIC #NovartisAccess

Novartis Access

Noncommunicable diseases (NCDs) are expected to overtake infectious diseases in low- and middle- income countries in the next two decades. Novartis Access focuses on the affordability and availability of 15 patented and generic medicines addressing four key NCDs. [Test your knowledge](#) about NCDs.

[Learn More](#)

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