

## **Global Coalition for Circulatory Health Statement on Agenda Item 11.5: Addressing the global shortage of, and access to, medicines and vaccines**

Honourable Chair, distinguished delegates,

This statement is on behalf of the Global Coalition for Circulatory Health, and is supported by the World Heart Federation, and the International Society of Nephrology.

We commend the Secretariat for its comprehensive report, and welcome plans to develop a global reporting system for shortages and stock outs, which remain a challenge in some settings for circulatory diseases such as heart disease, stroke, diabetes and kidney disease.

People living with circulatory diseases suffer acutely from poor access to medicines. The 2011 PURE Study shows that nearly 70% of patients living with circulatory diseases in LMICs do not receive medicines to manage their chronic conditions. This figure rises to over 80% for patients in LICs.<sup>1</sup>

Interventions to prevent and control circulatory diseases are integral to achieving both the SDGs and progressing towards universal health coverage, and can produce long-term economic and social benefits.

The recent Lancet Taskforce on NCDs and Economics estimated that investing just \$1.50 more per person per year in the SDG era in the 20 countries with the highest NCD burden would result in a benefit-cost ration of over 10 to 1.<sup>2</sup> The recommended set of measures would also avert 15 million deaths, 8 million incidents of ischaemic heart disease and 13 million incidents of stroke.<sup>3</sup>

We therefore urge the Director-General and Member States to prioritise strengthening access to these medicines in discussions on the Roadmap Report, and call on government to take the following actions:

1. **Support the development, implementation and monitoring** of national medicines policies, to ensure the inclusion and availability of essential medicines for circulatory diseases and its co-morbidities including kidney disease, such as those listed among the Best Buys and WHO's essential list of medicines.<sup>4</sup>
2. **Invest in robust health information systems to monitor and report the burden of circulatory health and co-morbidities such as kidney disease at the national level**, to match supply of essential medicines with demand.
3. **Work with all stakeholders, including the pharmaceutical industry as appropriate**, to support the development of local and regional manufacturing and supply capacity.

Thank you for your attention.

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/21872920>

<sup>2</sup> Lancet Taskforce on NCDs & Economics, 2018 p53; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30665-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30665-2/fulltext)

<sup>3</sup> Lancet Taskforce on NCDs & Economics, 2018 p.49; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30665-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30665-2/fulltext)

<sup>4</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/EB140/B140\\_27-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_27-en.pdf?ua=1)