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Abstract

Access to Quality Assured Medicines for Universal Health Coverage

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Abstract:

According to the World Health Organization (WHO) reports, more than 50 percent of the world's population does not yet have full coverage of essential health services and 12 percent of the population spends large amounts of their household income on health. Universal health coverage (UHC) aims to provide health services to people who need them without the burden of financial hardship when paying for them. The United Nations' Sustainable Development Goals (SDGs), specifically goal 3.8 asks countries to work towards providing "access to safe, effective, quality and affordable essential medicines and vaccines for all" . This is in support of the UHC goals of the UN member countries to ensure access to essential services, including safe, quality-assured essential medicines. 1 in 10 medical products circulating in LMICs are substandard or falsified according to a WHO estimate. WHO defines substandard medicines as "authorized medical products that fail to meet their quality standards, specifications, or both" . These poor-quality medicines erode patient trust in health systems, increases adverse reactions, causes treatment failure and attributed to the development of antimicrobial resistance. This has a negative effect on health budgets and Universal Health Coverage. Robust regulatory systems and policies for quality assurance across the medicine supply chain are essential to contain the issue of substandard and falsified medicines. Recognizing the risks of a globalized medicine supply chain and the complexity of international borders, the WHO created a of global surveillance mechanism for substandard and falsified medicines and gave a prevent, detect and respond guidance for the member countries to contain the issue . Therefore, Poor-quality medicines decreases the effectiveness of health services, prolongs treatments resulting in economic losses, wasted resources on ineffective treatments, and increased out-of-pocket

health expenditures. This increases the stress on the existing heath financial coverage and pose a risk to make UHC schemes unsustainable.

Biography:

As the Associate Director of US Pharmacopeia in India, Dr Koduri works with the government including regulatory and policy stakeholders in various ministries in India that deal with programs related to the quality of drugs, foods, patient safety and public health. He regularly interacts with the pharmaceutical, biotech, food and dietary supplement industries and their associations to promote the use of quality standards for medicines and foods.

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