

## **Roundtable Session 1 – Table 18 – Global Access to Medicines in Underserved Regions**

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### **Abstract:**

The World Health Organization (WHO) emphasizes that equitable access to safe and affordable medicines is vital to attaining the highest possible standard of health by all. However, even today, there are vast areas of underserved regions in Sub-Saharan Africa, Southern Asia, Latin America, even North America, in both urban and rural areas. Medically underserved areas (MUA) are areas where certain populations — usually rural — are subject to a lack of primary care and have high levels of poverty, infant mortality, and elderly people.

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The consequences of this are disastrous. Over four million people in underserved regions across the world may face significant barriers to receiving timely medical attention, leading to preventable complications and worsening health conditions. Furthermore, these areas often experience higher rates of chronic illnesses, maternal and infant mortality, and mental health issues due to the lack of access to quality care. Addressing these disparities is essential to promoting health equity and ensuring that all individuals possess the opportunity to lead healthy lives.

Global access to medicines can be improved by strengthening healthcare infrastructure. This includes initiatives focused on training community health workers, building local clinics, and improving health education efforts. The focus of this roundtable is identify gaps in global access to medicine in underserved regions and how to mitigate them.

### **Discussion Questions:**

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1. What are the policies that can help improve access to medicines globally and who should be primarily responsible for putting them in place?
2. Is there an advantage to underserved regions in high income countries like the United States versus underserved regions in low to middle income countries?
3. What are the difficulties faced when setting up mobile clinics in underserved regions?
4. What populations in urban areas typically lack access to medical care?

5. Is there a reluctance among medical professionals to practice in underserved areas? Why or why not?

**Notes:**

- What are the policies that can help improve access to medicines globally and who should be primarily responsible for putting them in place?

Manufacturers/product development institutions can work with organizations such as CEPI, NIH, WHO, DMID to navigate the regulatory landscape of ROW to dispense products to these regions. Equitable policies will help improve access to medicines globally. The [2024 Access to Medicine Index](#) finds that pharmaceutical companies are not fully leveraging their potential to expand access in underserved regions.

- Is there an advantage to underserved regions in high income countries like the United States versus underserved regions in low to middle income countries?

Yes, there is typically an advantage to underserved regions in high income countries like the United States versus underserved regions in low to middle income countries, due to Medicaid/Medicare and compassionate programs run by the United States Government. It also depends on the individual country's medical structure for access to medicine.

- What are the difficulties faced when setting up mobile clinics in underserved regions?

The cold chain management of the supply in the case of medicines (i.e. frozen or refrigerated conditions)

Who provides/maintains, hires the staff to drive, maybe a nurse/pharmacist dedicated to support – these things add to the cost of mobile clinics in underserved regions.

Terrain may not be conducive to a vehicle (hill sides), poor road conditions, lack of transportation.

- What populations in urban areas typically lack access to medical care?

Those who are socially and economically underprivileged

Struggling, homeless population

- Is there a reluctance among medical professionals to practice in underserved areas? Why or why not?

Yes, there is a reluctance among medical professionals to practice in underserved areas although there are people who volunteer. The reasons for reluctance are safety, distance from family, and political climate.