



Access to innovation in Emerging markets: challenges and opportunities

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Drouville, In the fish tank

Drouville is a patient, graphic designer and artist from Argentina who has survived multiple myeloma and a relapse.

**Why access to innovative medicine is critical
for our societies?**

Innovative medicines contribute to saving and extending lives¹⁻⁷

Innovative medicines contributed approximately **73% of the improvement in life expectancy** observed from 2000–2009 (74.3 to 76.0 years)¹

HIV

Today, a HIV-positive adult receiving HAART treatment has **a life expectancy approaching that of the general population**.^{2,3}

CVD

β-blockers and ACE inhibitors have been identified to reduce **mortality** in patients with CVD by **34% and 40%**, respectively.⁴

Vaccines

Immunization prevents 4-5 million deaths a year globally.⁵

Hepatitis C

Cure rates among hepatitis C patients in Europe have increased from **41% to 96%** within 16 years due to improved treatments.⁶

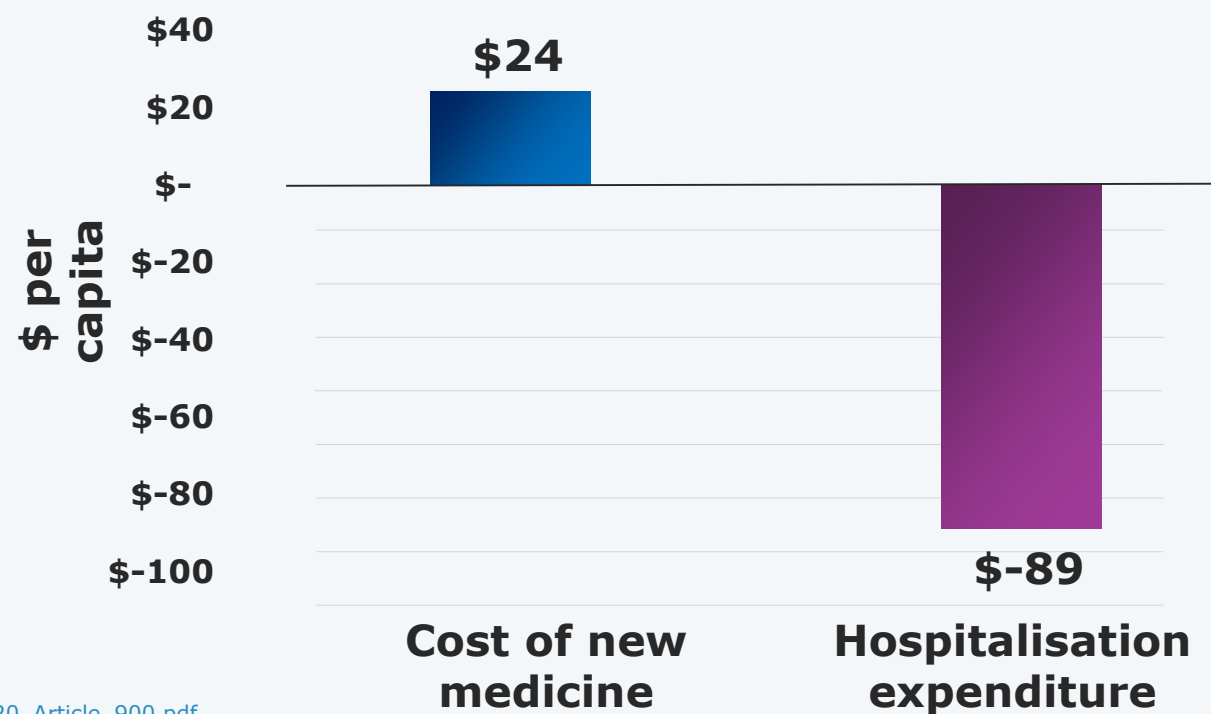
Cancer

The **overall survival in multiple myeloma has more than doubled (32-72 months in the US)** over the last 20 years.⁷

1. Lichtenberg 2014. Used in : EFPIA 2016. From innovation to outcomes; medicines costs in context Pricing. Available at: <https://www.efpia.eu/about-medicines/use-of-medicines/value-of-medicines/>
2. Trickey 2017. Available at: <https://linkinghub.elsevier.com/retrieve/pii/S2352301817300668>
3. Roser 2013 Available at: <https://ourworldindata.org/life-expectancy>
4. Adorisio 2006. Available at: <https://europepmc.org/article/med/16937030>
5. WHO 2019 Available at: <https://www.who.int/news-room/facts-in-pictures/detail/immunization>
6. EFPIA 2021. Available at: <https://efpia.eu/media/602709/the-pharmaceutical-industry-in-figures-2021.pdf>
7. Drawid 2015. Poster available at: <https://library.ehaweb.org/eha/2015/20th/100264/amar.drawid.impact.of.novel.therapies.on.multiple.myeloma.survivalcurrent.and.html>

Medicines can help lower healthcare expenditure by reducing hospitalizations and other direct healthcare costs¹⁻³

The introduction of **cardiovascular medicines** between 1995–2004 reduced per capita expenditure on hospitalisations by 70% (\$89)^{2,3}



1. Mahlich 2020. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7105426/pdf/40261_2020_Article_900.pdf
2. EFPIA 2015. Available at: <https://www.efpia.eu/media/25619/2015-1.pdf>
3. Lichtenberg 2009. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.1382>

Innovative medicines allow patients to work longer and more productively, supporting economic growth¹



Return to work

The overall rate of returning to **work following a cancer diagnosis**

>75%
due to innovative therapies



Remain at work

Rheumatoid arthritis
patient



Novel
biologic

Ability to remain in paid employment



31

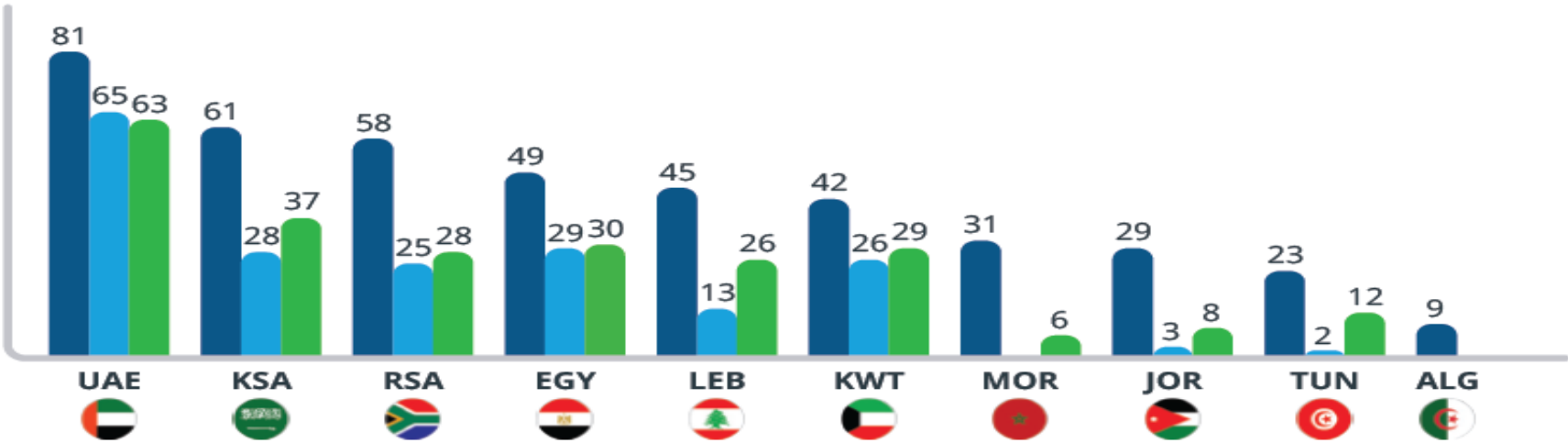
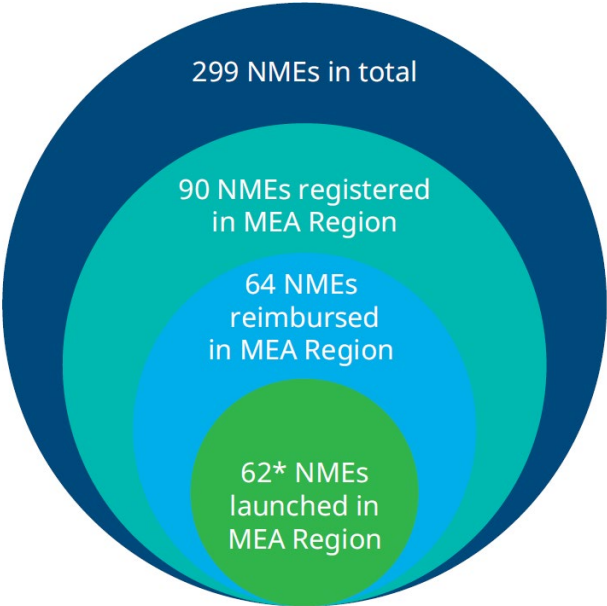
weeks longer

than patient on conventional therapy over 2-year study period

1. EFPIA 2016. Available at:
<http://aipm.hu/data/upload/files/rendezvenyek/From%20innovation%20to%20outcomes,%20medicines%20cost%20in%20context.pdf>

What are main challenges to access to innovative medicines in Emerging markets & Europe ?

Inequality and delayed access to medicines in Emerging markets¹



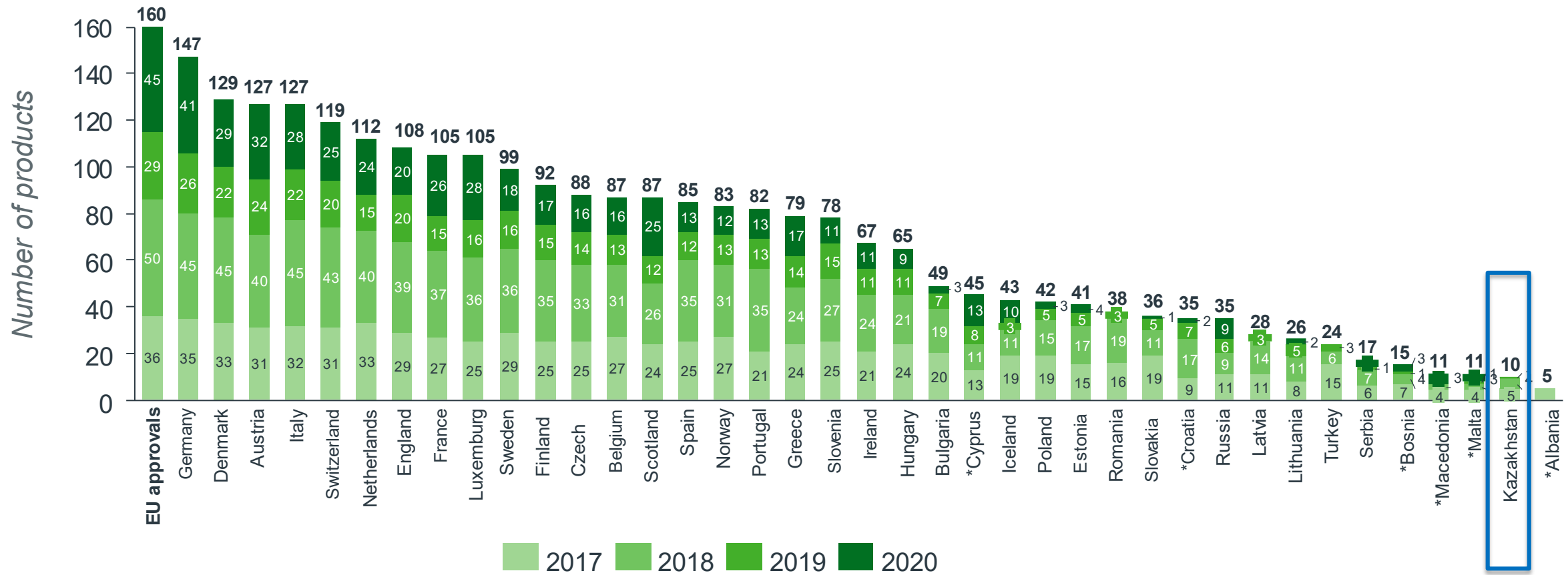
	UAE	KSA	RSA	EGY	LEB	KWT	MOR	JOR	TUN	ALG
Universe*	327	339	406	383	339	368	398	386	421	414
% of NMEs registered out of the universe	25%	18%	14%	13%	13%	11%	8%	8%	5%	2%
% of NMEs reimbursed out of total NMEs registered	80%	46%	43%	59%	29%	62%	0%	10%	9%	0%
% of NMEs launched out of total NMEs registered	78%	61%	48%	61%	58%	69%	19%	28%	52%	0%

NMEs Registered # NMEs Reimbursed # NMEs Launched

1. Assessment of Access-to-Medicine Timelines in Selected Countries in Middle East and Africa, whitepaper, IQVIA, Sep 2022, Available at: <https://www.iqvia.com/-/media/iqvia/pdfs/mea/white-paper/assessment-of-access-to-medicine-timelines-in-selected-countries-in-middle-east-and-africa.pdf>
NME - New molecular entities (new innovative medicines)

Inequality and delayed access to medicines in Europe¹

Kazakhstan included in the last study-July 2022 update



The **total availability by approval year** is the number of medicines available to patients in countries as of 1st January 2022

1. EFPIA Patients W.A.I.T. Indicator 2021 Survey Max Newton, Engagement Manager, Global Supplier & Association Relations Kirstie Scott, Consultant, Global Supplier & Association Relations Per Troein, VP, Strategic Partners Updated July 2022 Available at: https://www.efpia.eu/media/676539/efpia-patient-wait-indicator_update-july-2022_final.pdf

Multifactorial root causes of unavailability and delay access to medicines¹

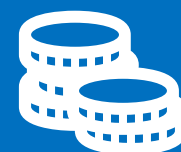
Timing prior to marketing authorization

- The speed of the regulatory process
- Availability prior to regulatory approval



Pricing and reimbursement process:

- Initiation of the process
- The speed of the national timelines and adherence



The value assessment process

- Misalignment on evidence requirement
- Misalignment on value and price
- The value assigned to product differentiation and choice



Health system readiness

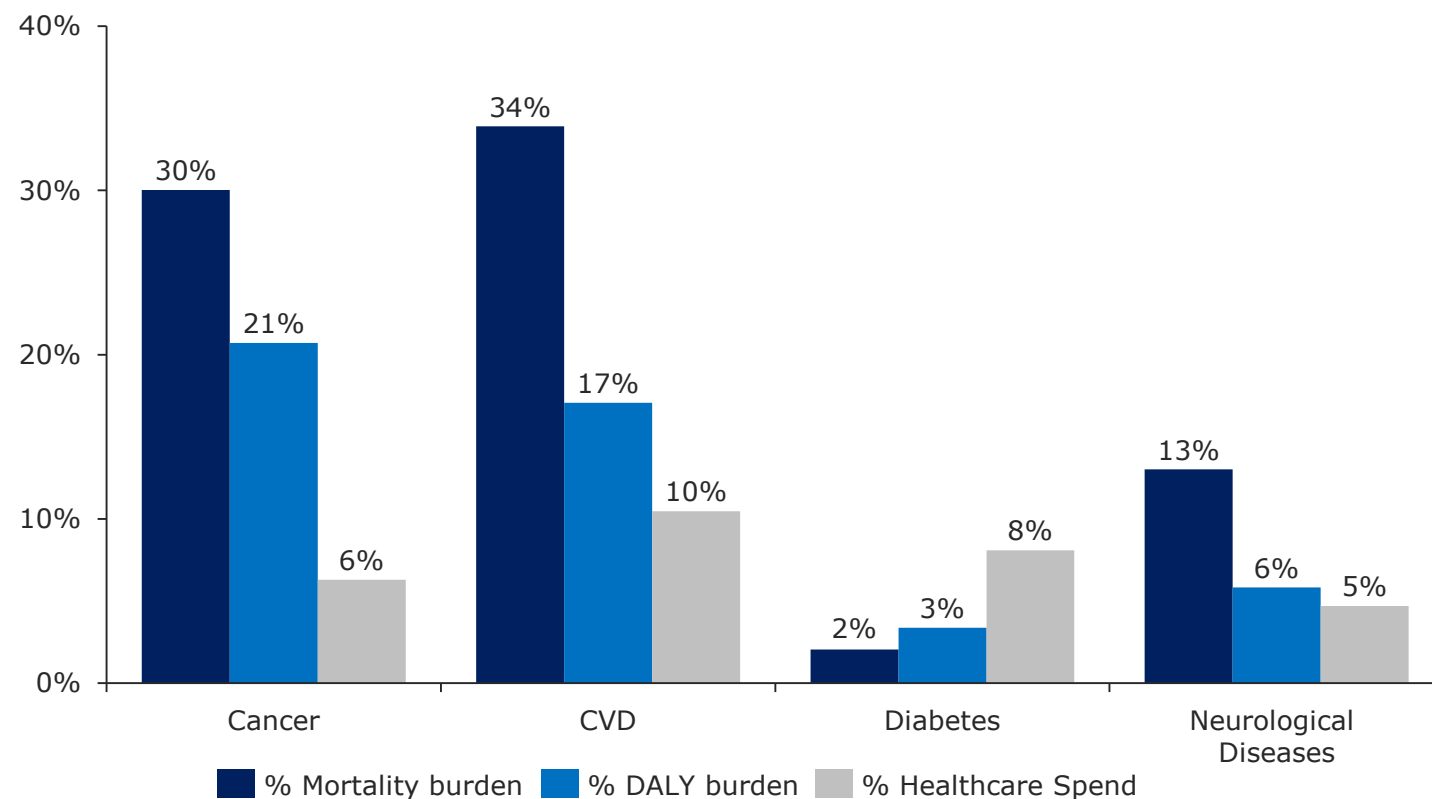
- Insufficient budget to implement decisions
- Diagnosis, supporting infrastructure and relevance to patients
- Multiple layers of decision-making processes



1. The root cause of unavailability and delay to innovative medicines, Efpia, April 2022 Available at: <https://www.efpia.eu/media/636822/root-cause-unavailability-delays-cra-report-april-2022-final.pdf>

EU5 countries allocate a lower proportion of their healthcare budgets to cancer than other therapy areas with a lower disease burden

Proportion of mortality, DALY and healthcare expenditure by disease, EU5 average (2018) 1-9



• Although cancer is responsible for 30% of mortality burden and 21% of DALY, it receives only 6% of EU healthcare spending

Sources: ¹Jönsson et al., 2016a; ²Jönsson et al., 2016b; ³Hofmarcher et al., 2019; ⁴EHN CVD statistics report, 2012; ⁵EHN CVD statistics report, 2017; ⁶IDF Diabetes Atlas, 2017; ⁷IDF Diabetes Atlas, 2019; ⁸Gustavsson, et al., 2010; ⁹Global Burden of Disease study, 2018



Country level data available at sources and country-specific appendix



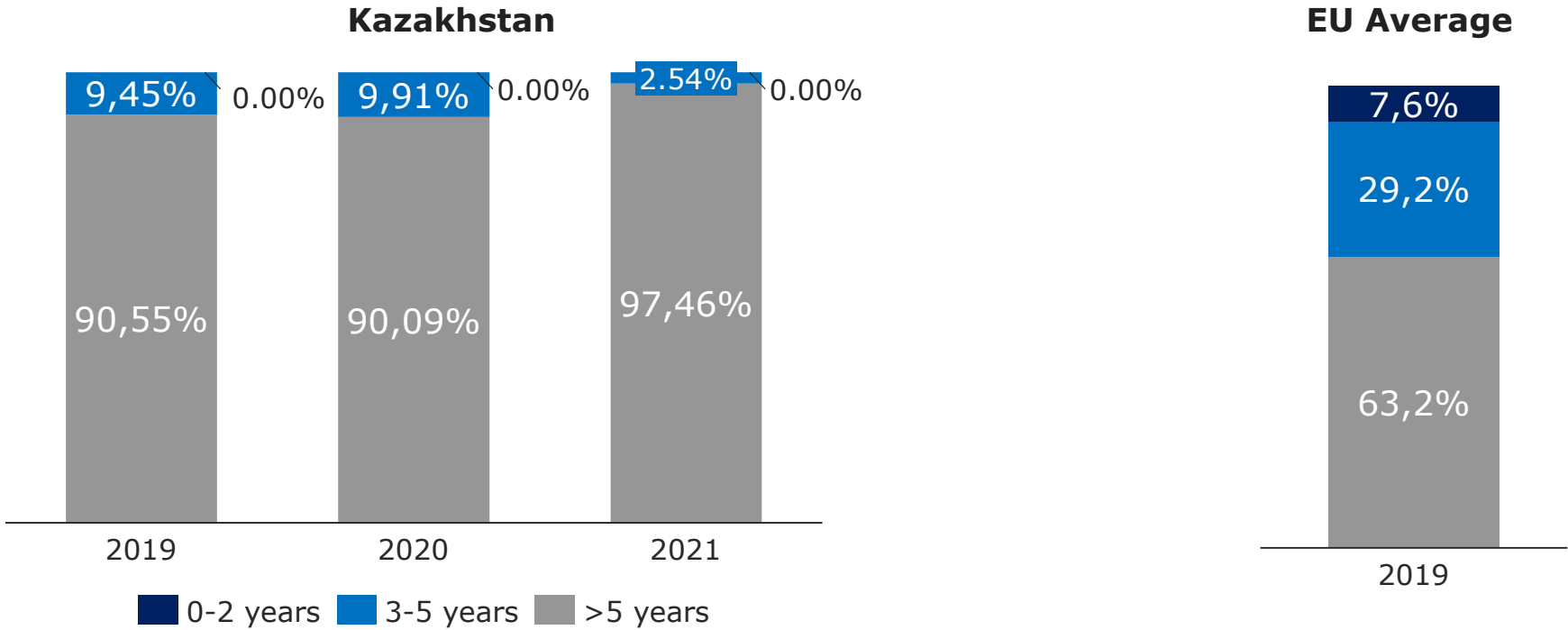
DALY = disability-adjusted life year is a measure of overall disease burden expressed as the number of years lost to ill health, disability or premature death



PHARMACEUTICAL COMPANIES
OF Johnson & Johnson

Kazakhstan’s spending on cancer medicines is much lower than the EU and spend on new medicines has decreased in recent years

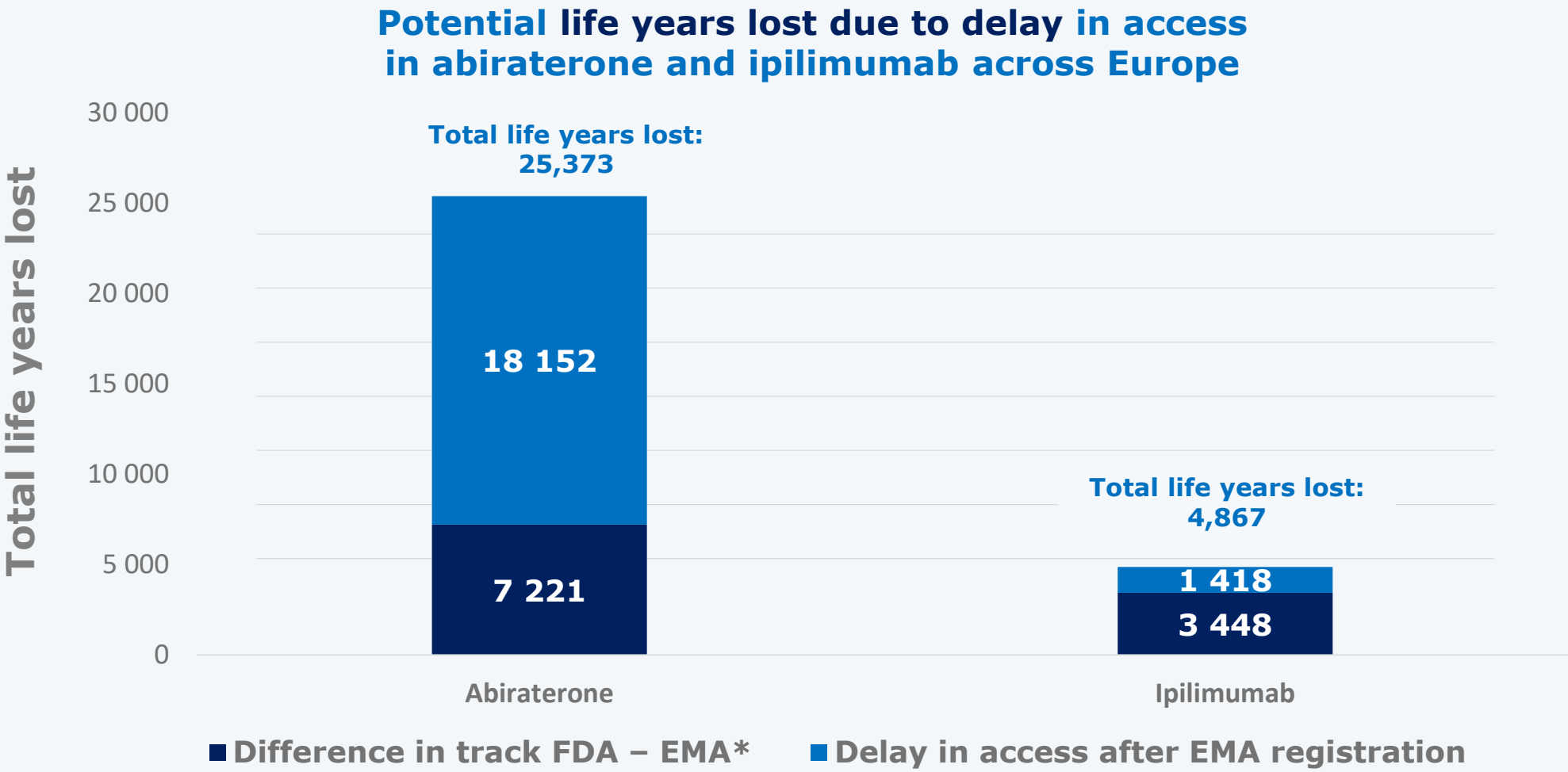
Sales of cancer drugs by time since EMA/FDA approval (Proportion of cancer drug spend*)¹⁻³



- **Medicines approved in the past 0-2 years represented 0% of total cancer medicine spend** in Kazakhstan in 2019-21, compared to 7.6% EU average in '19, **those approved in the past 3-5 years were 9.9% in '20, but 2.5% in '21**, compared to 29% in the EU in '19
- Kazakhstan spent **~\$5.23 per capita in total on cancer drugs in 2019**, compared to €12.38 on average across Europe

Source: ¹IQVIA local sales data (retail) MAT Q4 2021, ²EMA, ³FDA

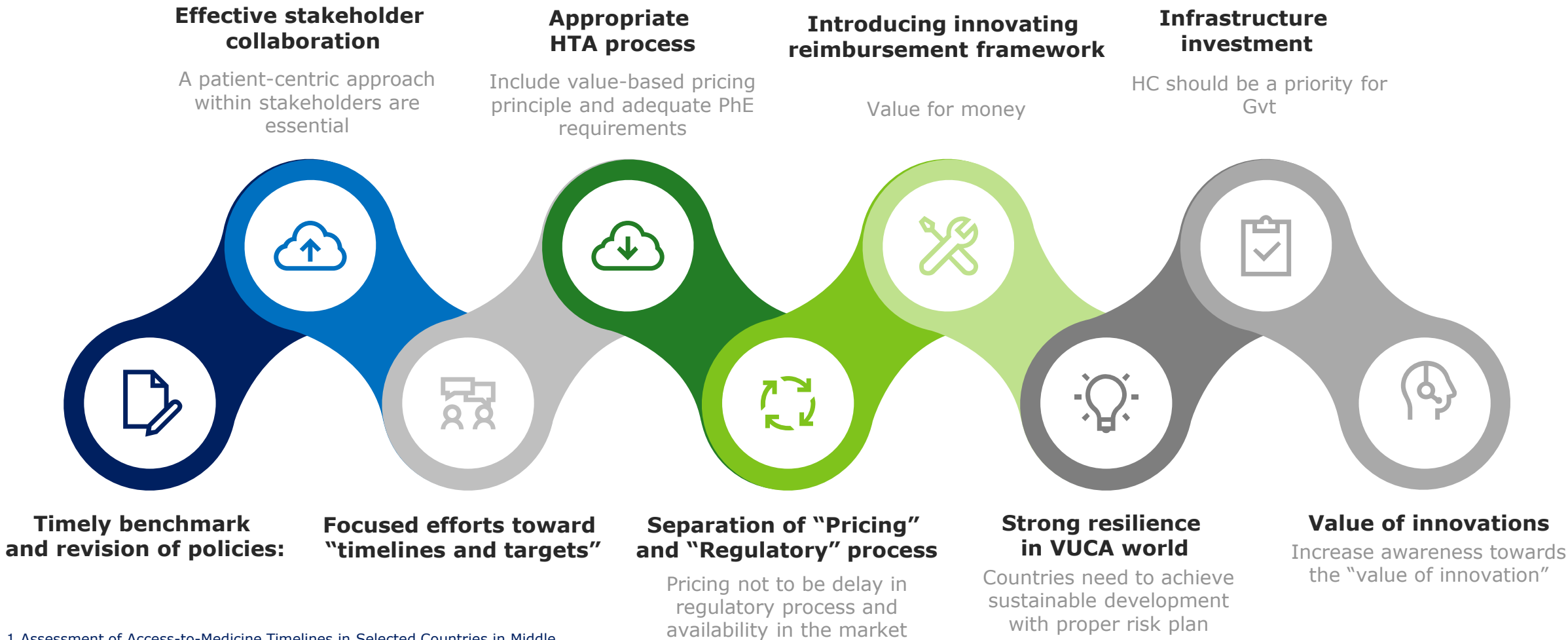
Delays in patient access can lead to a potential loss of life years¹



1. Uyl-de Groot 2020. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7464890/>

What are the opportunities to improve access to innovations ?

Recommendation to improve access in our region¹



¹ Assessment of Access-to-Medicine Timelines in Selected Countries in Middle East and Africa, whitepaper, Sep 2022

Janssen delivers local value by collaborating with payers and governments to offer accessible and affordable medicines, fuelling sustainable innovation



Local Value

The value our medicines bring is in **improving the lives of patients and transforming their health for the future.**



Accessible and Affordable

Through active collaboration, we make our medicines readily **accessible and affordable** for patients and health systems in accordance with specific reimbursement systems and legal guidelines of local communities.



Sustainable Innovation

Sustaining the discovery, development and delivery of **transformational medicines is necessary to improve lives for current and future patients in need.**



Q&A