MSF Access to Medicines Roadmap Project

ACCESS TO HEALTH PRODUCTS QUESTIONNAIRE OVERVIEW – INTERNAL
2021

MSF in the process of redefining which challenges it should tackle in relation to access to health products (AHP), including drugs, diagnostics, vaccines and medical equipment, to ensure it can continue to fulfil its core purpose and social mission. As part of this multi-step consultation process, a survey and a subsequent questionnaire were developed.

This document provides a quantitative overview of the responses to the questionnaire and details of the methodology that underpins them. The extensive qualitative inputs provided by questionnaire respondents were used to inform discussions at the Access to Medicines workshop and have been integrated into the AHP problem statements and root-cause analysis.

Objective: The objective of the questionnaire was to collect information from a range of actors inside and outside MSF about AHP problems and their causes. The questionnaire was sent to a list of targeted informants and to individuals who had expressed an interest in completing it after taking the AHP survey. The goal was to have 200 respondents.

Key features: The questionnaire began with two common identifying questions to determine whether the respondent was an individual, a group or an entity, and whether they were affiliated to MSF, either as staff or Association members. The following eight questions were different for MSF and non-MSF respondents. The questionnaire was available in English, French and Spanish.

Analysis: The questionnaire was analysed using N-Vivo and Survey Monkey[1]. To analyse the data, a code book[2] was developed based on the problems listed in the survey and the answers from the questionnaire. Information was then separated out according to specific problems and with an extra list of miscellaneous responses. The miscellaneous responses were analysed using word clouds (see Annex 1).

The initial analysis was focused on the identification of problems from MSF and non-MSF respondents. A list with all the problems described by the respondents was created, alongside a tally of the number of times they were mentioned in order to give an idea of overall trends.

Results: In total, the questionnaire was sent to 950 people. Of these, 315 were targeted respondents and the remaining 635 were comprised of people who had expressed an interest in participating in the questionnaire during the initial survey (here referred to as 'non-targeted'). 193 of the targeted respondents were MSF staff and 122 were external to MSF (here referred to as 'non-MSF'). In the non-targeted group, 116 were MSF staff and 519 were not.

416 respondents opened the questionnaire and answered the first two questions (identification). Among them, 202 people answered the full questionnaire, 157 of whom were targeted (77.7%) and 165 (81.6%) were MSF staff. Within the staff group, 48% were MSF project staff.

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[1] NVivo is a software program used for qualitative and mixed-methods research, while Survey Monkey is an internet programme and hosting. site that enables a person to develop a survey for use. over the internet

[2] A codebook provides information on the structure, contents, and layout of a data file.

Table 1. Identification of the people receiving the questionnaire, MSF AHP questionnaire, 2021.

Identity	Targeted	Non-targeted	Total	Split
MSF	193	116	309	32%
Non-MSF	122	519	641	68%
Total	315	635	950	
Split	33%	67%		

Methodology for targeted individuals: The questionnaire was sent to 193 targeted respondents from within MSF and 122 from outside MSF. They were targeted for their expertise or experience in relation to the AHP ecosphere. The list of targeted individuals was agreed by the project team and the Access to Medicines taskforce (AMTF). Targeted MSF respondents included members of the DirMed and DirLog platforms, the Medical Working Groups and Taskforce coordinators, the OCs (including WaCA), the Access Campaign and its steering committee, Epicentre, GHAN, BRAMU, SAMU, branch and partner sections proximate top operations (MSF SA, EA, HK, SARA, CAMINO, Middle East BOs). Targeted non-MSF respondents included individuals from organisations focused on access to medicines issues, global health foundations or initiatives, state-level and supranational bodies engaged in international assistance and cooperation, relevant UN agencies and affiliates, key national and international NGOs including human rights organisations, patient associations, academia, selected national states (affected by access to medicines problems and drivers), pharma, diagnostic and lab equipment companies and former MSF staff.

All completed questionnaires were read and analysed by the project team. The answers were not weighted according to their affiliation (MSF or external) nor according to whether or not they were targeted. The decision not to weight answers reflects the overall objective of the questionnaire to gain a greater understanding of AHP issues, root causes, key actors and, for MSF respondents, insights into MSF's action in this area. The in-depth follow-up interviews conducted with specific questionnaire targets identified by the project team and AMTF provided inputs and insights specific to the individual's expertise and experience.

Table 2. Self-identification of respondents, MSF access to health products, 2021.

Answer Choices	Responses	
MSF HQ	21.9%	91
MSF project staff	48%	199
MSF affiliated	2.2%	9
MSF Association	5%	21
Others MSF	6.3%	26
Patient association	0.7%	3
Civil society	4.8%	21
Government	0.2%	1
Academia	3.9%	16
International institutions	1.7%	7
Private sector	1.5%	6
Others external to MSF	3.9%	16
	Answered	**416**

Code book

The code book contains 72 words and phrases (in alphabetical order): abortion care, access to medicines, addiction issues, advocacy, antibiotic resistance, at-risk populations, blood transfusion, burn care, cancer, cancer screening, child protection, chronic diseases, climate change, communication, conflict, contraception, COVID-19 vaccine, COVID-19, culture, dental care, diabetes, disability inclusion, drug availability, emergency care, epilepsy, gender-based violence, geriatric care, healthcare access, health promotion and community engagement, HIV, infectious diseases, hepatitis, information about medical rights, malaria, malnutrition, maternal healthcare, medical equipment or device access, menstrual hygiene, mental health, MSF staff care, neglected tropical diseases, non-communicable diseases, occupational health, online healthcare access, ophthalmic disease, oxygen availability, paediatric treatment and support, neonatal, pain management, palliative care, parasitic infection, physical therapy, point of care testing, poisoning care, protection equipment, provision of secondary care, public health, rehabilitation, renal failure, research and development, rural, sickle cell, specialized medical care, SRHR, supply chain, surgery, reconstructive surgery, TB, treatment adherence support, vaccination and WASH.

Trends in the answers from MSF and non-MSF respondents

Among MSF respondents, the main concerns were cost and supply of medical products, followed by issues of quality and the distances that communities had to travel to access MSF services, specially 'the last mile'[3]. Among non-MSF respondents, the main problems were patents, geographical disparities/inadequate regionalisation of healthcare services, and insecurity.

Question: *In your opinion, what are the most important access to health products problems that impact the populations MSF assists?*

The most frequent answers regarding the most important AHP problems were:
1) the affordability and price of health products
2) the availability of health products, in particular vaccines, diagnostic tools and treatments
3) the quality of the medication (also referred to as a lack of quality assurance behind the products)
4) supply chain challenges at all levels, especially delays of in-country customs clearance and local health service capacity
5) the lack of medical products adapted to specific country contexts.

More specifically, the issue of diagnosing and treating non-communicable diseases came up most often, and examples such as cancer and diabetes were cited most. Many noted the challenge of managing COVID-19 as an issue, especially the barriers and inequitable access to COVID-19 vaccines. The third most mentioned disease was HIV in relation to ARVs.

Most important AHP problems that impact the populations MSF assists	Frequency
Cost – lack of health products patients can afford / affordability or cost to patient / cost to governments (some cited only "cost")	47
Unavailable/discontinued medication / supplies in the 'South' (includes 'lack of R&D funding for less profitable drugs' and 'therapies unfit for the settings where MSF works')	29
Quality of drugs / substandard products / lack of quality assurance	21

[3] The last mile" refers to ensuring the link between the patient and the place where access to health services, including medicines is delivered to them. Last mile access issues include physical access to a health facility, financial access and culturally appropriate access.

Supply chain / logistics/ procurement challenges at all levels, both in-country and internationally (includes stock outs and unskilled ministry of health staff)	10
Security	7
Import clearance / not on ministry of health list so takes a lot of time to clear which can, for example, result in expired medications	6
Mental health	5
Distance people must travel to access MSF services	5
Essential medicines / lack of essential meds	5
NCDs (in general) – medication / treatments / patient tools	4

Question: *In your opinion, which access to health products problems have always existed, have newly emerged, have worsened and have improved? Why?*

The responses included the lack of quality medicines, the lack of access to essential medicines, the lack of capacity within government health services, and delays in supplies caused by MSF sourcing the products locally.

Examples of newly-emerging AHP problems focused on how to diagnose, treat and manage COVID-19 and NCDs. The COVID-19 pandemic was also mentioned as something that had created additional challenges related to accessing vaccines and health products for other diseases, delaying the importing of essential health products.

Problems that respondents identified as having worsened included security issues and attention to neglected diseases.

Lastly, on AHP problems that have improved, respondents mentioned that MSF's efforts have brought down the price of certain health products. Global mechanisms, such as GAVI, were cited as having improved access to some cheaper vaccines.

Question: *Can you provide an example from the past of an impactful approach to addressing problems of access to health products; including details of the problem, the proposed solutions, the results and the actors involved?*

The Access Campaign was identified as a successful advocacy effort on many levels, including with stakeholders and partners. These successes included engaging civil society, government (i.e: Ministry of Health) and the UN. Specific products mentioned were ARVs for HIV treatment and vaccines. Another impactful AHP issue was addressing patents. Respondents also mentioned access to generic drugs and malaria treatment.

Question: *Looking to the future, in your opinion, what are the most urgent current or emerging access to health products opportunities or threats that will impact on the populations MSF assists?*

Looking to the future, respondents mentioned COVID-19 inequity, access to treatment and vaccines, supply chain issues and a monopolised pharmaceutical market as key issues.

Most urgent current or emerging AHP opportunities or threats that will impact on the populations MSF assists	Frequency
Use the inequity of accessibility to COVID-19 vaccines to break the monopoly of big pharma	1
Realise the importance of investing in, and accessing, diagnostics	1
Partnerships with other social movements	1

Concentration of manufacturers (including API) and suppliers to only a few countries, combined with lockdowns, can cause global shortages of health products / supply chain issues in general as a result of COVID-19	3
Inequitable access to COVID-19 vaccines	2
Patents at WTO and the monopolised pharmaceutical market	1

Question: *What role do you see for MSF in tackling these access health products opportunities or threats?*

According to the majority of respondents, advocacy was the main role that MSF should play in tackling issues around AHP.

MSF's role in tackling AHP opportunities or threats	Frequency
Advocacy	8
Brokering networks	3

Trends in specific diseases

Among specific diseases, issues around access to early detection and treatment for cancer and access issues for vaccines due to their cost were cited most frequently. Also frequently cited were access to medication and diagnostics for diabetes; ensuring continuous access to ARVs for patients with HIV; the lack of availability of vaccines for NTDs; and a lack of access to health products for NCDs and mental health.

CANCER	Frequency
Access to treatment for cancer, specifically mentioned fixed dose combinations and mono-clonal antibody treatment	13
Cancer, oncology, cancerology	6
Preventive screening, e.g. no rapid HPV test suitable for the people MSF works with	3
DIABETES	
Access to medication and diagnostics for diabetes	9
Diabetes	4
Tools for self-management or preventive services	3
NCDs	
NCDs (in general) – medication / treatments / patient tools	4
Mental health	5
HIV	
Ruptures / stock outs of ARVs – for example, once the patient has been put on it, it runs out	8
Access to ARVs for HIV patients	2
MALARIA	
Malaria treatment and prevention	2
MALNUTRITION	
Nutritional supplements / basic products	2
NTDs	
Unavailability of vaccines for certain NTDs, for example fomepizole for methanol poisoning	5
Affordability of anti-venoms	2

Opiate pain medication (in general not just in relation to NTDs)	2
Poor access to diagnostics for NTDs	2
PPE	
Access to PPE	3
TB	
Access to MDR-TB treatment	4
Access to TB treatment, for example newer drugs for TB such as bedaquiline	2
TB diagnostics – some causes cited included supply issues and country funding	3
VACCINES	
Access to vaccines because of supply or cost	19
Poor target product profile – vaccines not adapted to the context where patients live	4
Lack of vaccines to address diseases prevalent in the countries where MSF works, such as rabies	3
Lack of clarity / conflicting recommendations in public health protocols from WHO, regional, country, and MSF guidelines	2

Other trends include those on transversal issues, such as cost, quality and availability of drugs, supply chain, security, distances, and patents.

Transversal issues	Frequency
Cost - lack of affordable health products by the patients/ affordability or cost to patient / cost to governments (some cite only "cost")	47
Unavailability/ discontinued medication / supplies in the 'South' (includes causes like lack of R&D funding for less profitable drugs or therapies and drugs that are not fit for use in the settings where MSF works)	29
Quality of the drugs / products – substandard / lack of quality assurance	21
Supply chain / logistics / procurement challenges at all levels – in-country and international (includes stock-outs and unskilled MOH)	10
Security	9
Importation clearance / not on MOH list so takes a lot of time to clear customs and so results in expired medications	6
Distance for population to access MSF services	5
Essential medicines – lack of essential medicines	5
Patents	3
Geographical disparities / inadequate regionalisation of healthcare services	2

List of key players

The list of key players included 36 names/categories. The more common ones are mentioned below as well as some possible agendas.

Key player	# times	Agenda	# times
WHO	42	(i) makes policy recommendations. (ii) makes medicines accessible. (iii) tried to find and promote solutions like voluntary mechanisms	

Governments and MOH	40		
UN Agencies – UNFPA, UNICEF, UNAIDS, UNHCR, UNOCHA	24		
CSOs including patient organisations and alliances (who do not take funds from pharma), humanitarian orgs (not including MSF), international NGOs	23	(i) raising concerns and advocacy (ii) empowers populations and expose inequalities and/or conflict	
PhRMA, IFPMA, proxies, pharmaceutical companies	22	(i) pharma has a profit/privatisation agenda (ii) disengagement from grants for health products (iii) keep monopolies (iv) stop sub-standard drugs (v) reputation, occasional deals for the poor	Profit (8) Reputation (2)
MSF	20		
EU, USA, G20, OECD, wealthy countries, producing countries	19	(i) maintain the status quo, control where innovation occurs. (ii) donor countries have health diplomacy agendas. (iii) high-income countries take care of their own first, some neglect their own minority populations (iv) producing countries in the north resist pro-access policies (v) profits	Health diplomacy agenda (3) profits (2)
Academic and public research institutions	11	scientists for holistic patient-centred research, advocacy for neglected disease campaigns to raise awareness, strengthening medical comms, training and lobbying	
GAVI	11		
Global Fund	7		
Gates Foundation	5	direct and indirect funding has big consequences for the global health agenda – funding is on their terms	(2)
WTO and WIPO	5	has a vested interest	
World Bank and GFF	5		
Progressive countries, such as South Africa and India	2	Investing in vaccine R&D for their own companies	

Annex 1. Miscellaneous Word Cloud

Below is a visual representation of answers received from questionnaire respondents that did not fall into the code book of listed problems.