

Transparency and South African medicines access - lessons from COVID-19 and beyond



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Disclaimer

- I am a member of the South African National Essential Medicines List Committee (NEMLC) and co-chair of its Expert Review Committee (ERC)
- I serve on three Technical Advisory Committees at the South African Health Products Regulatory Authority (SAHPRA)
- I am co-chair of the WHO Technical Advisory Group on Pricing Policies for Medicines (TAG-PPM)

However, I am speaking here today as an independent academic and not on behalf of any structure or body



Outline

- Background to South Africa's health system
 - Historical determinants; public and private sectors; plans for universal health coverage
- National Drug Policy 1996
 - Contested implementation
 - Single exit price
 - State tender price
- Lessons from COVID-19
 - Health Justice Initiative case
- Growing opposition to transparency
 - Vertex and access to treatment for cystic fibrosis
- Much more to do

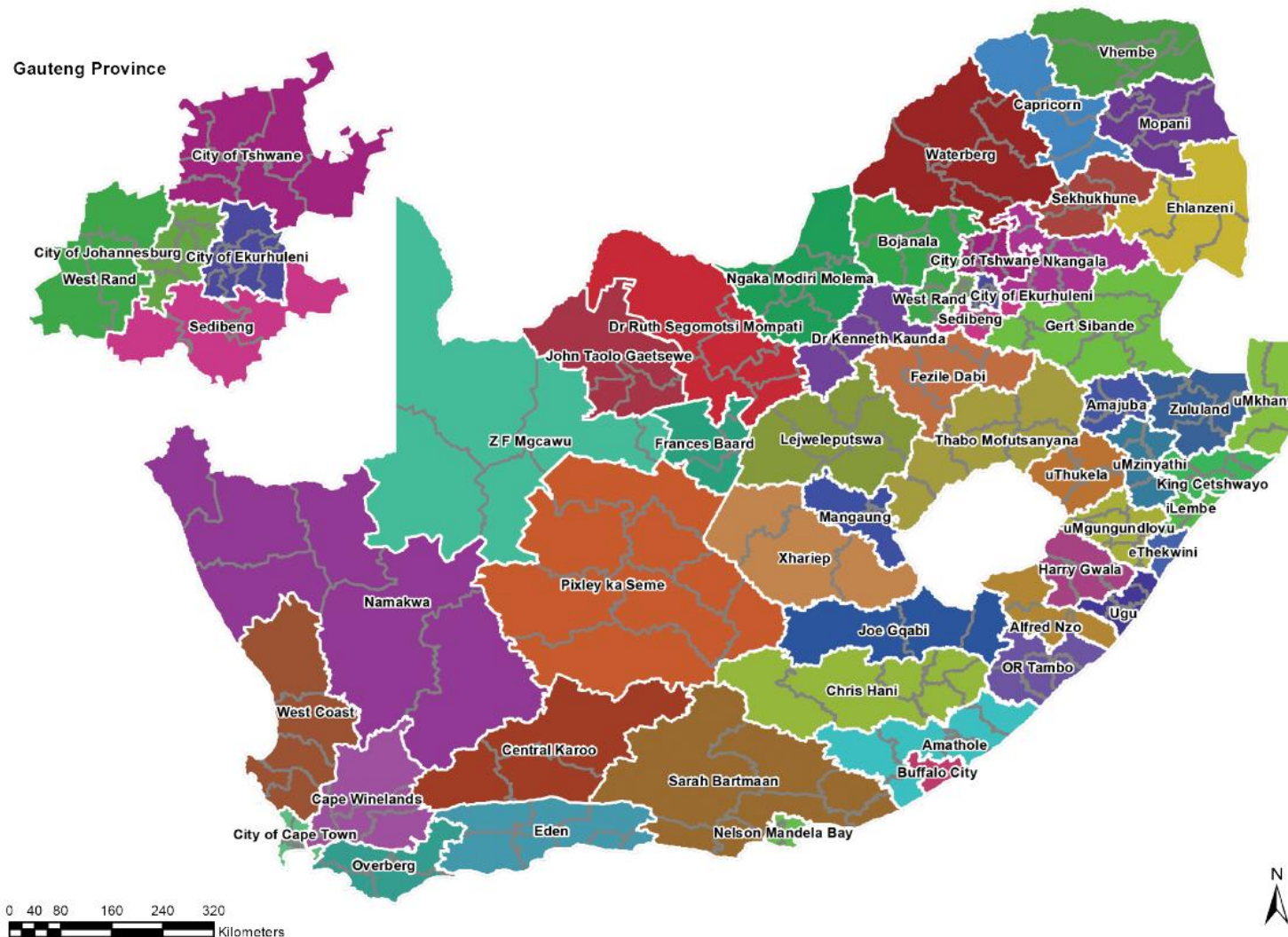
Improving the transparency of markets for medicines, vaccines, and other health products¹

1. URGES Member States in accordance with their national and regional legal frameworks and contexts:

- (1) to take appropriate measures to publicly share information on the net prices² of health products;
- (2) to take the necessary steps, as appropriate, to support dissemination and enhanced availability of, and access to, aggregated results data and, if already publicly available or voluntarily provided, costs from human subject clinical trials regardless of outcomes or whether the results will support an application for marketing approval, while ensuring patient confidentiality;
- (3) to work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives;

² For the purposes of this resolution, “net price,” “effective price,” “net transaction price” or “manufacturer selling price” are the amount received by manufacturers after subtraction of all rebates, discounts, and other incentives.

9 provinces; 52 health districts; 1.22 million km² (3 x Germany)



2024 mid-year
estimate:

63 015 904

Uninsured:

53 295 677

Gauteng the
most populous
province
(15.9 m; 25.3%),
followed by
KwaZulu-Natal
(12.3 m; 19.5%)

Black African 81.7%
Coloured 8.5%
White 7.2%
Indian/Asian 2.6%

The health and health system of South Africa: historical roots of current public health challenges

Hoosen Coovadia, Rachel Jewkes, Peter Barron, David Sanders, Diane McIntyre

The roots of a dysfunctional health system and the collision of the epidemics of communicable and non-communicable diseases in South Africa can be found in policies from periods of the country's history, from colonial subjugation, apartheid dispossession, to the post-apartheid period. Racial and gender discrimination, the migrant labour system, the destruction of family life, vast income inequalities, and extreme violence have all formed part of South Africa's troubled past, and all have inexorably affected health and health services. In 1994, when apartheid ended, the health system faced massive challenges, many of which still persist. Macroeconomic policies, fostering growth rather than redistribution, contributed to the persistence of economic disparities between races despite a large expansion in social grants. The public health system has been transformed into an integrated, comprehensive national service, but failures in leadership and stewardship and weak management have led to inadequate implementation of what are often good policies. Pivotal facets of primary health care are not in place and there is a substantial human resources crisis facing the health sector. The HIV epidemic has contributed to and accelerated these challenges. All of these factors need to be addressed by the new government if health is to be improved and the Millennium Development Goals achieved in South Africa.

Lancet 2009; 374: 817–34

Published Online

August 25, 2009

DOI:10.1016/S0140-

6736(09)60951-X

See [Editorial](#) page 757

See [Comment](#) pages 759
and 760

See [Perspectives](#) page 777

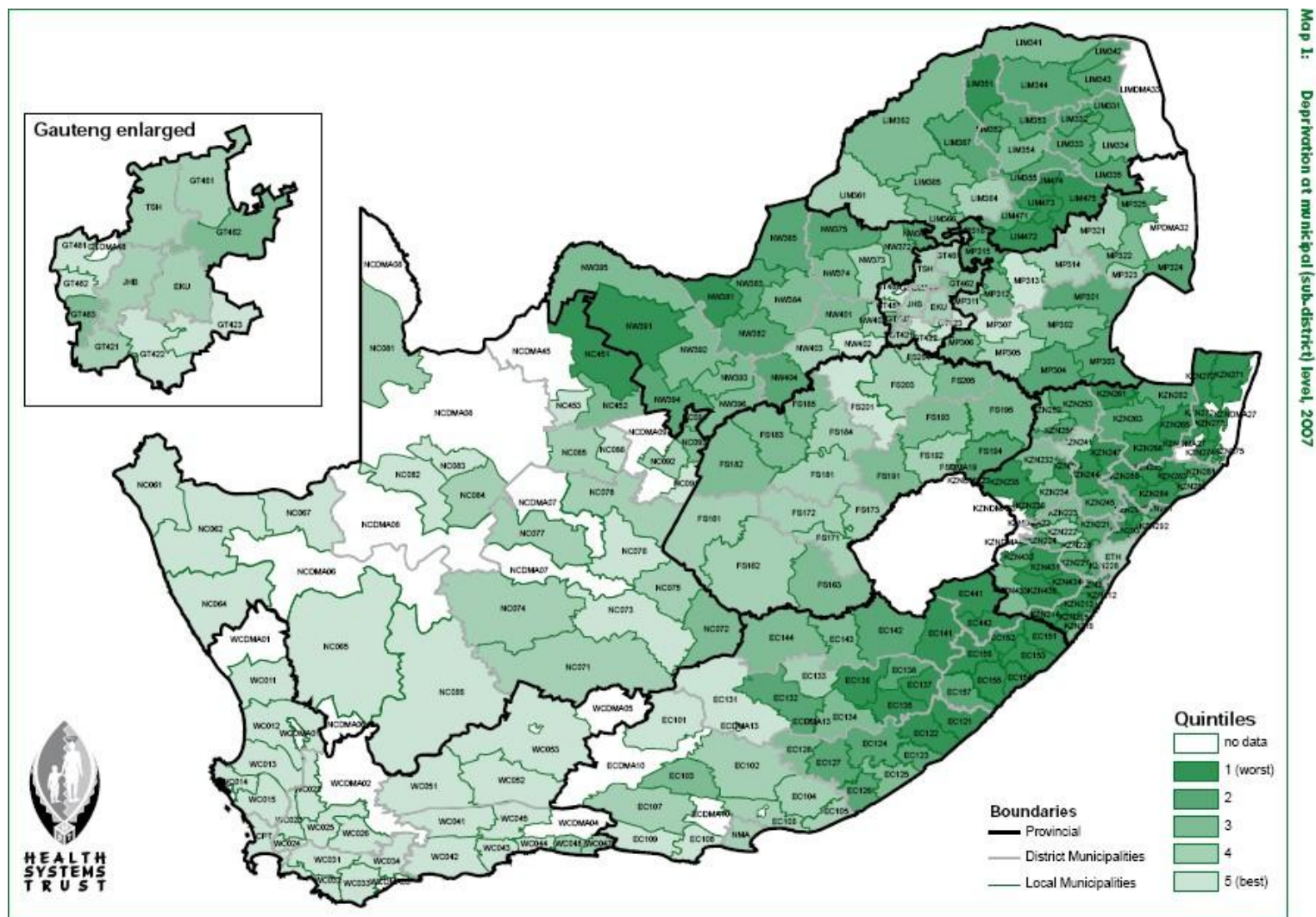
This is first in a [Series](#) of
six papers on health in
South Africa

Nelson Mandela School of
Medicine, University of
KwaZulu-Natal, Durban, South

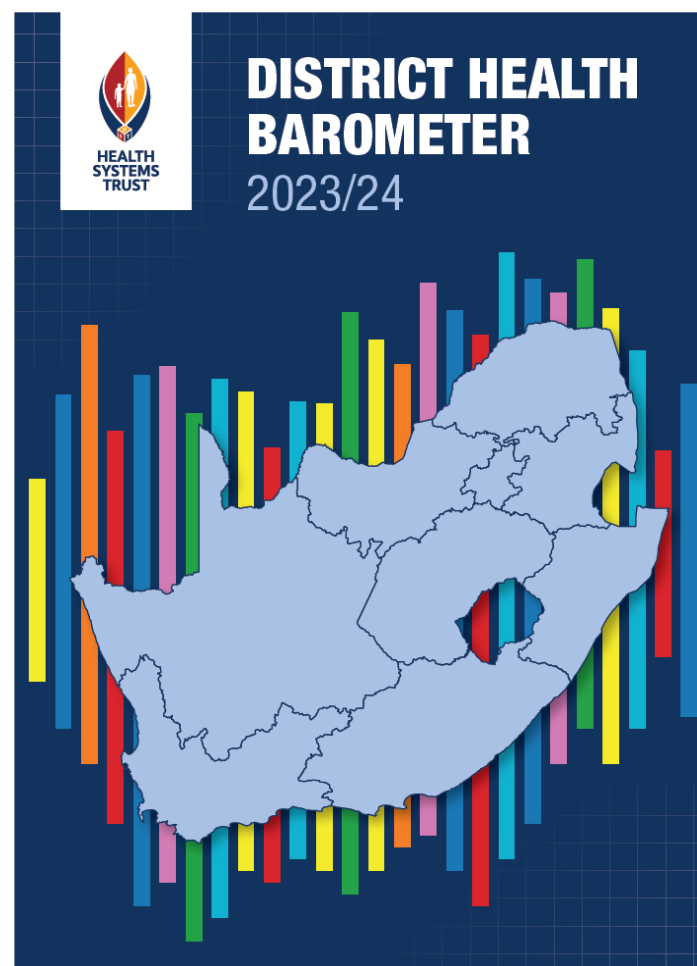
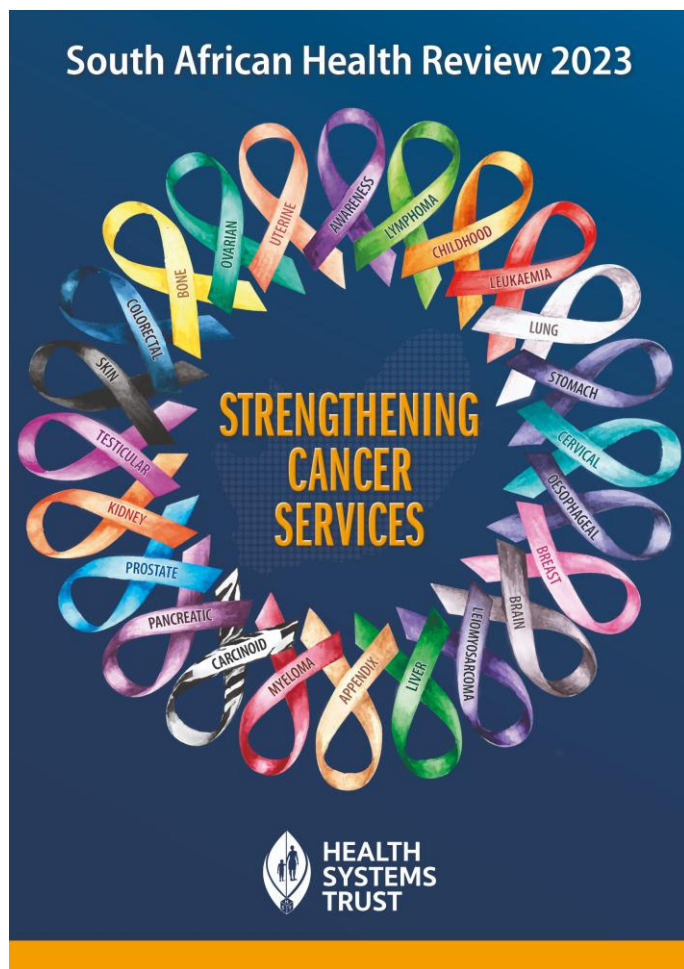


Apartheid era (1948-1994) - creation of the “homelands”, formalizing the policies of segregation that had been in place since the 17th Century

Consequences – persistent deprivation



Key resources



<https://www.hst.org.za/>



Public vs private health sector

- Public sector – caters mainly for the uninsured population (~85%)
 - Funded from the fiscus (via provinces)
- Private sector – caters mainly for the insured population (~15%), with some out-of-pocket procurement
 - Funded from employer and employee subscriptions
- Approximately EQUAL total expenditure (in total, ~8.5% of GDP)

What about the private sector?

- Annual reports of the Council for Medical Schemes (<https://www.medicalschemes.co.za/>)



Private sector - fragmented

Of the 71 medical schemes in 2022, 16 were open, and 55 were restricted.

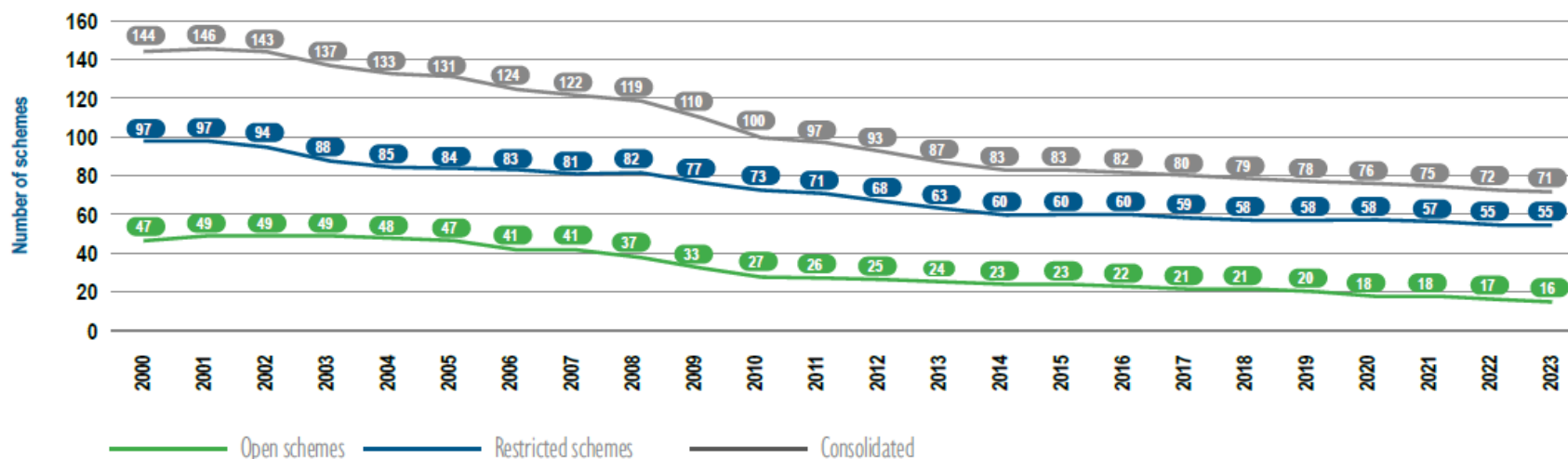


Figure 1: Number of medical schemes by scheme type (2000-2023)

In 2022, ten government-linked or funded medical schemes represented 72% of all restricted scheme beneficiaries and 33% of the total number of beneficiaries

National Health Insurance Bill (B11-2019)

Section 76: Ordinary Bills affecting the provinces

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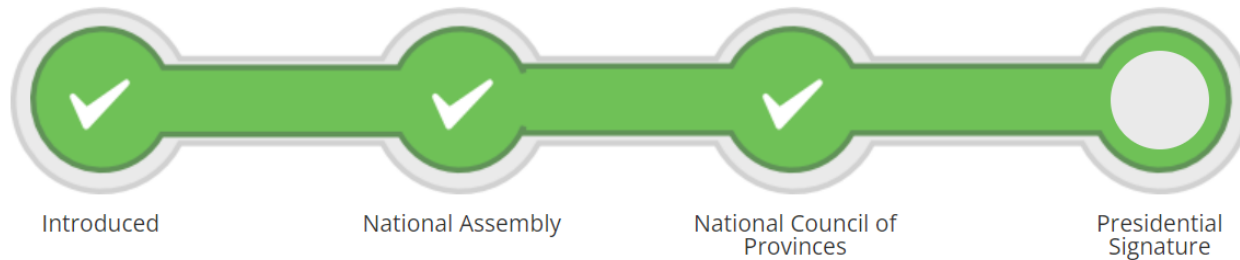
Bill versions:

 B11B-2019

 B11A-2019

 NHI Bill SEIAS

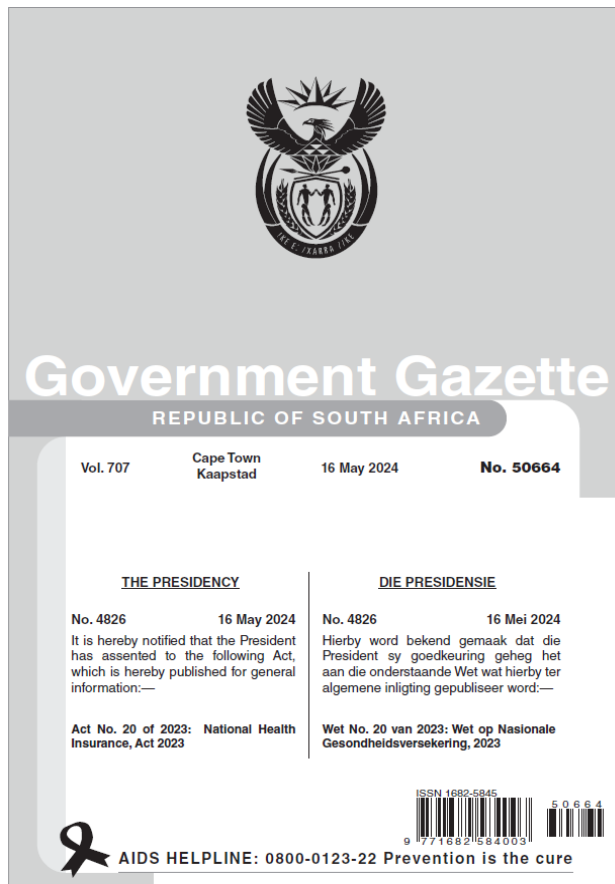
 B11-2019



National Health Insurance Act (Act 20 of 2023)

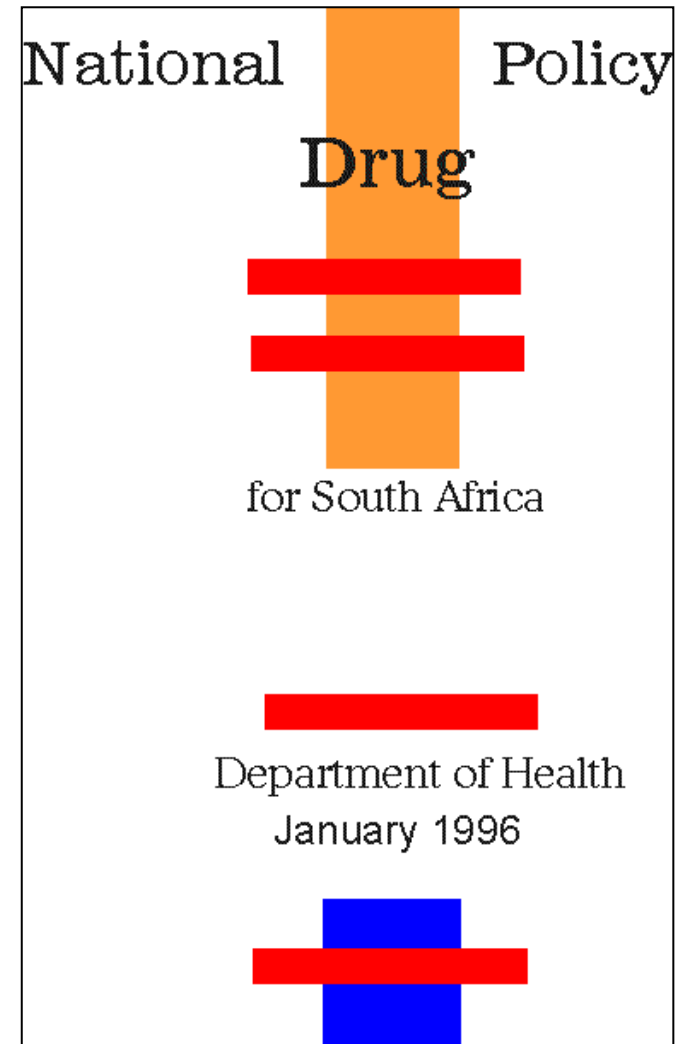
Assented to, but not yet promulgated.

SONA 2025: “**This year, we will proceed with the preparatory work for the establishment of the NHI.** This includes developing the first phase of a single electronic health record, preparatory work to establish Ministerial Advisory Committees on health technologies and health care benefits, and an accreditation framework for health service providers. The NHI will reduce inequalities in healthcare by ensuring everyone gets fair treatment. The NHI will save many lives by providing a package of services that include, for example, maternal and newborn care and services for people living with HIV, those with TB, and those suffering from non-communicable diseases such as heart disease, cancer and diabetes. **Our most immediate priority is to strengthen the health system and improve the quality of care.** A vital part of this is the modernisation, improvement and maintenance of existing health facilities and construction of new hospitals and clinics.

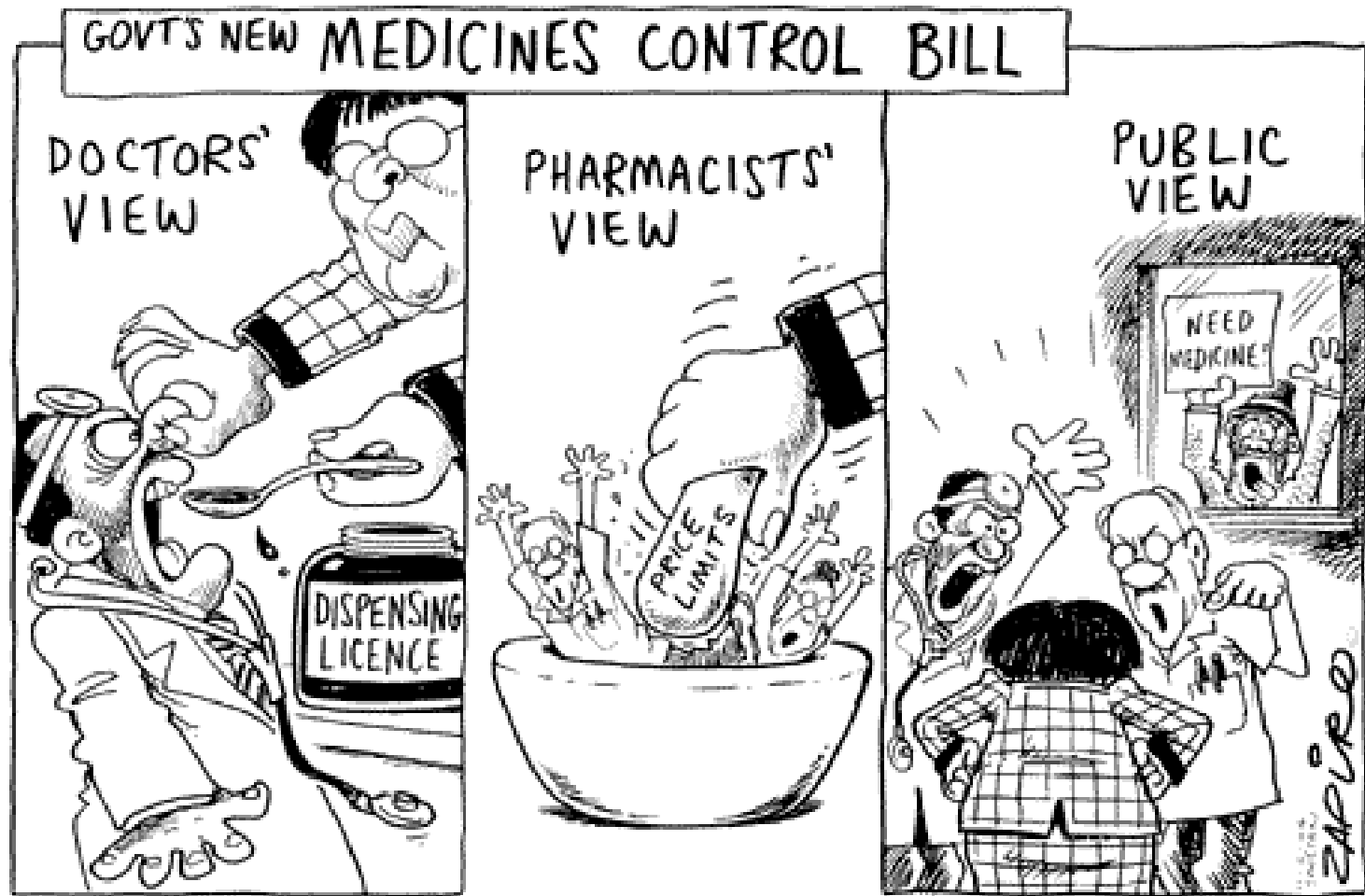


The 7 key issues in 1994

- **To develop a pricing plan for drugs (pub/pvt)**
- To develop a plan to ensure all drugs are tested and evaluated for effectiveness
- To develop an Essential Drugs List and Standard Treatment Guidelines (pub)
- **To develop a generics strategy**
- To prepare a plan for effective procurement and distribution
- To investigate traditional medicines
- To rationalise the structure for Pharmaceutical Services



Always contested



NDP 1996 content - vague

- Chapter 4: **Drug Pricing**
 - **AIM:** To promote the availability of safe and effective drugs at the lowest possible cost
 - “This aim will be achieved by **monitoring** and **negotiating** drug prices and by **rationalising the drug pricing system** in the public and private sectors, and by promoting the use of **generic** drugs”

In September 2020, WHO Guideline on country pharmaceutical pricing policies was published



Ten pricing policies

1. External reference pricing
2. Internal reference pricing
3. Value-based pricing
4. Mark-up regulation across the pharmaceutical supply and distribution chain
5. Promoting price transparency
6. Tendering and negotiation
7. Promoting the use of quality-assured generic and biosimilar medicines
8. Pooled procurement
9. Cost-plus pricing for setting the price of pharmaceutical products
10. Tax exemptions or tax reductions for pharmaceutical products

<https://www.who.int/publications/i/item/9789240011878>



Recommendations

1. External reference pricing
2. Internal reference pricing
3. Value-based pricing
4. Mark-up regulation across the pharmaceutical supply and distribution chain
5. Promoting price transparency
6. Tendering and negotiation

7. Promoting the use of quality-assured generic and biosimilar medicines
8. Pooled procurement
9. Cost-plus pricing for setting the price of pharmaceutical products
10. Tax exemptions or tax reductions for pharmaceutical products

Strong recommendations for the policy

Conditional recommendations against the policy

Conditional recommendations for the policy

coherence, specificity, clear purpose, transparency, integrated framework, relevance, compliance, collaboration

Eight principles for developing and considering policies



Drug pricing – the specifics

- A **Pricing Committee** with clearly defined functions to monitor and regulate drug prices will be established within the Ministry of Health
- There will be **total transparency** in the pricing structure of pharmaceutical manufacturers, wholesalers, providers of services, such as dispensers of drugs, as well as private clinics and hospitals
- A non-discriminatory pricing system will be introduced and, if necessary, enforced
 - **s18A No person shall supply any medicine according to a bonus system, rebate system or any other incentive scheme**
 - **s18B - No person shall sample any medicine**
- The wholesale and retail percentage mark-up system will be replaced with a **pricing system based on a fixed professional fee**



Legislated as follows:

18A. Bonusing.—(1) No person shall supply any medicine, medical device or IVD according to a bonus system, rebate system or any other incentive scheme.

(2) Notwithstanding subsection (1), the Minister may prescribe acceptable and prohibited acts in relation to subsection (1) in consultation with the Pricing Committee referred to in section 22G.

18B. Sampling of medicines, medical devices or IVDs.—(1) No person shall sample any medicine, medical devices or IVD.



The SEP provision

22G. Pricing committee.—(1) The Minister shall appoint, for a period not exceeding five years, such persons as he or she may deem fit to be members of a committee to be known as the pricing committee.


(2) The Minister may, on the recommendation of the pricing committee, make regulations—

(a) on the introduction of a transparent pricing system for all medicines and Scheduled substances sold in the Republic;


...

(3)(a) The transparent pricing system contemplated in subsection (2)(a) shall include a **single exit price which shall be published as prescribed, and such price shall be the only price at which manufacturers shall sell medicines and Scheduled substances to any person other than the State.**


http://www.mpr.gov.za/



South African Medicine Price Registry



[Home](#) [Published Documents](#) [About Us](#) [Contact Us](#)


 [Search for published documents](#) [\[hide\]](#)

Which published document are you looking for?

SOUTH AFRICAN MEDICINE PRICE REGISTRY

Introduction:

Welcome to the South African Medicine Price Registry Website. This website facilitates timeous communication of all matters related to the Medicine Price Registry as well as the latest single exit price schedules as approved by the Pharmaceutical Economic Evaluation Unit of the Department of Health.

First time visitors are encouraged to click on the RSS Feeds [How To Link](#)  on this site and follow the necessary steps to set up a feed to their personal computers. This will allow us to "push" new publications to you as they are released.

Please watch this site for further developments and enhancements.


Frequently Used Links

- [SEP Databases](#)
- [Guidelines](#)
- [Price Committee Issues](#)
- [Circular](#)
- [SEP Updates Approval](#)
- [Immediate Closure Of PEE Until Further N](#)


Latest News

There Are No Documents Published This Month.


<https://www.health.gov.za/nhi-pee/>




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Department:
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Pharmaceutical Economic Evaluation

Databases Dispensing Fees SEPU Documents SEPA Documents Other

Contains information on prices of medicines sold in the private sector in South Africa, including the reference database for use during the Single Exit Price Adjustment (SEPA) implementation process. Information on Single Exit Prices (SEPS), Ex-manufacturer prices and Logistics Fees for each active and discontinued medicine is included. NB: Discontinued medicines shall always remain on the database as they are deemed registered at South African Regulatory Authority (SAHPRA), regardless of unavailability in the market. These may be re-introduced into the market at a later stage.

Show 10 entries Search:

Database of Medicine Prices – 19 May 2025 DOWNLOAD



MEDICINE AND THE LAW

Is there transparency in the pricing of medicines in the South African private sector?

V Bangalee,¹ BPharm, MPharm, PhD; F Suleman,^{1,2} BPharm, MPharm, PhD

¹ *Discipline of Pharmaceutical Sciences, School of Health Sciences, Westville Campus, University of KwaZulu-Natal, Durban, South Africa*

² *Prince Claus Chair of Development and Equity for the theme Affordable (Bio)Therapeutics for Public Health (September 2016 - September 2018), Faculty of Sciences, Utrecht University, Utrecht, The Netherlands*

Corresponding author: V Bangalee (bangalee@ukzn.ac.za)

Recent investigations by the Competition Commission of South Africa (SA) of suspected excessive pricing of cancer medicines in SA by three global pharmaceutical companies have once again drawn attention to increasing medicine pricing transparency and warrant further public debate.

S Afr Med J 2018;108(2):82-83. DOI:10.7196/SAMJ.2018.v108i2.12815

Logistics fee not disclosed – varies between wholesalers/ distributors

Manufacturer Name	Nappi Code	Schedule	Proprietary Name	Generic name (APIs)	Qty of Each API
Pack Size	Dosage Form	Manufacturers Price (VAT incl.)	Logistics Fee (VAT incl.)	Single Exit Price (VAT Incl.)	

Public sector - tenders



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Tenders

The National Department of Health always award BIDS in accordance with Treasury's procedures.

- Tender documents can be collected at the Department of National Health's reception, 1112 Voortrekker Road, Dr. AB Xuma Building (previously EXXARO Building) in Thaba Tshwane, Pretoria and are free of charge.
- Documents can be collected from 07:30am until 15:30pm from Mondays to Fridays.
- Please remember to state the tender number as well as your postal address when requesting documents to be posted.



Select Tender Type

[NDoH Tenders](#) [Pharmaceutical Tenders](#) [Pharmaceutical Contracts](#) [Master Health Product List](#) [Expired Pharmaceutical Contracts](#) [NGO Funding](#)

[Click here to see the Hotlist tab for the latest document.](#)

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Contract No	Contract Description	Contract Starting Date	Contract Circular	Index	Addendums
HP05-2024DI/01	Supply and Delivery of Diagnostic Agents and Contrast Media to the Department of Health for the period ending 30 June 2027	7 February 2025	Contract Circular Successful Suppliers Non-Awards	Index February 2025	Add 1 Obsidian Price Clarification
HP09-2023SD/02	Supply and Delivery of Solid Dosage Forms to the Department of Health for the period ending 30 April 2026	22 January 2025	Contract Circular Successful Suppliers Non-Awards		

https://www.health.gov.za/tenders



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Select Tender Type

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Current Master Health Product List – 1 May 2025



So – has transparency (almost) been achieved?

- **Private sector** – SEP + ban on bonuses, rebates and discounts (and sampling)
- **Public sector** – publicly-disclosed tender prices



Problems – public sector

- Non-awards

- Reluctance to respond to tenders, requiring procurement on quotation (sometimes exceeding private sector SEP)

- Failure to meet demand


- When estimates are exceeded
 - When shortages occur

Problems – private sector

- Failure to declare an SEP, despite registration with SAHPRA

We are committed to ensuring the safety, efficacy, and quality of health products available in South Africa. Our Registered Health Products List is a comprehensive database of all the approved and authorized health products that have met our rigorous standards.

Show entries

advance search 

Search:

Applicant Name	Product Name	Api	Registration #	Application #	Registration Date	Status	
GlaxoSmithKline South Africa (Pty) Limited	APRETUDE 600 mg/3 ml	None	56/20.2.8/0979	560979	2022/11/22	Registered	Details
GlaxoSmithKline South Africa (Pty) Limited	APRETUDE 30 mg	None	56/20.2.8/0980	560980	2022/11/22	Registered	Details
GlaxoSmithKline South Africa (Pty) Limited	VOCABRIA 400 mg SUSPENSION FOR INJECTION	None	56/20.2.8/0124	560124	2023/07/04	Registered	Details
GlaxoSmithKline South Africa (Pty) Limited	VOCABRIA 600 mg SUSPENSION FOR INJECTION	None	56/20.2.8/0125	560125	2023/07/04	Registered	Details
GlaxoSmithKline South Africa (Pty) Limited	VOCABRIA 30 mg	None	56/20.2.8/0126	560126	2023/07/04	Registered	Details

Showing 1 to 5 of 5 entries

Previous Next



Problems – private sector

- Undisclosed bonusing, rebates and discounting
- Vertical integration of wholesalers and retailers
- Undisclosed prices for unregistered medicines imported for individual patients or groups (section 21)



Lessons from COVID-19

- South Africa negotiated access to COVID-19 vaccines with a number of manufacturers, but was required to keep prices confidential.
- SA Constitution:

217. **Procurement.**—(1) When an organ of state in the national, provincial or local sphere of government, or any other institution identified in national legislation, contracts for goods or services, it must do so in accordance with a system which is fair, equitable, transparent, competitive and cost-effective.



PRESS RELEASE

 HEALTH JUSTICE
INITIATIVE

AUGUST 30, 2023

Judgment on contract transparency in the public procurement of Covid-19 vaccines

News & Opinions, Transparency

Health Justice Initiative v The Minister of Health and Information Officer, National Department of Health (Case No 10009/22).

On Thursday 17 August 2023, the Pretoria High Court ruled in HJI's favour in our bid to compel the National Department of Health to provide access to the COVID-19 vaccine procurement contracts. The Court ordered (per Millar J) that all COVID-19 vaccine contracts (part 1) and negotiation related documents (part 2) must be made public within 10 court days of the Judgment (being 31 August 2023).



PANDEMIC TRANSPARENCY | COURT VICTORY!

OPEN THE VACCINE CONTRACTS!



TRANSPARENCY,
NOT SECRECY

Open the Contracts

 HEALTH JUSTICE
INITIATIVE

SEPTEMBER 5, 2023

Pandemic Transparency: Access the Vaccine Contracts and Analysis

"ONE-SIDED"

Vaccines Save Lives - Transparency Matters

A MULTI-STAKEHOLDER ANALYSIS:
SOUTH AFRICAN COVID-19 VACCINE PROCUREMENT CONTRACTS

1.8 and HEALTHCARE-UK-UK-UK, 6 September 2023

O'NEILL
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PSAM

DALHOUSIE
UNIVERSITY

HEALTH JUSTICE
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HEALTH CARE
GAP

GLOBAL JUSTICE
NOW

I-MAK

Following the release of South Africa's COVID-19 vaccine procurement contracts, the Health Justice Initiative worked with a multi-stakeholder group to conduct this analysis of the four agreements. We found the terms and conditions are overwhelmingly one-sided and favour multinational corporations, placing governments in the Global South, and in turn, the people living in these countries, with unusually hefty demands and conditions, including a lack of transparency, and very little leverage against late or no delivery of supplies or inflated prices resulting in gross profiteering.

- ## Download the the Vaccine Contracts

+ Serum:

South Africans take on big pharma for access to 'miracle' cystic fibrosis drug

Cheri Nel cannot afford Vertex's Trikafta medicine, so she is suing to end 'patent abuse' and allow a generic version



Cheri Nel's lawsuit argues that Vertex Pharmaceuticals needs to make its patented CF drug Trikafta available 'on reasonable terms' in South Africa. Photograph: Madelene Cronjé/Guardian

Cheri Nel has a blunt message for the multibillion-dollar pharmaceutical company Vertex: "Any person that dies from today - that's on you." Vertex makes a "miracle drug" called Trikafta that can transform the lives of people with cystic fibrosis.

Civil society engagement



CL case withdrawn

spotlight
In-depth, public interest health journalism

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About Us

In May 2024, Vertex identified Equity Pharmaceuticals as the local company through which Trikafta could be imported into South Africa via Section 21 authorisations. These authorisations are granted by SAHPRA to enable importation of an unregistered medicine and are meant to be used in exceptional circumstances to remedy the need for an unregistered medicine, such as when there is a shortage of the registered product.

Fight not yet over as case against Vertex is dropped after cystic fibrosis medicine price cut



Cystic fibrosis patient Cheri Nel dropped her legal challenge seeking to dramatically expand access to life-changing medicines for the condition. (Photo: Supplied)

News & Features

6th August 2024 | Catherine Tomlinson



Media Statement
For Immediate Release
11 December 2024

ACCESS TO CYSTIC FIBROSIS MEDICATION IN SOUTH AFRICA SECURED

In March 2022, the Competition Commission (Commission) initiated a complaint against Vertex Pharmaceutical Incorporated ("Vertex"), for allegedly engaging in exclusionary practices and excessive pricing in the provision of Kalydeco, Orkambi, Symdeko and Trikafta. These are drugs used to treat cystic fibrosis, a rare genetic disease that primarily affects the lungs and the pancreas.

Following the Commission's investigation and various engagements with Vertex, Vertex gave formal undertakings to the Commission to continue to make Trikafta available in South Africa through Section 21 of the Medicines and Related Substances Act ("Section 21"), which enables the sale of unregistered drugs within South Africa. The Commission welcomes Vertex's undertakings and as a result, it has non-referred all allegations against Vertex.

“patient assistance programmes”

- If no discounting is allowed, how can “patient assistance programmes” operate? Except for medicines imported in terms of section 21?
- No public sector access?

To reduce the financial burden on eligible patients, Vertex started supplying Trikafta in April 2024 through a local distributor. This makes Trikafta available locally at prices that enable cystic fibrosis patients to access treatment. Separately, financial assistance is available through a patient assistance programme managed by a non-government organisation, and eligible cystic fibrosis patients who belong to certain medical schemes get Trikafta at no cost as they also receive some financial assistance from their medical aid schemes.

National Health Insurance Series

Issue Paper 1

October 2022

South Africa's National Health Insurance Bill and the Future of Medicine Selection, Pricing and Procurement – Some Critical Questions for Affordable Patient Access



The Health Justice Initiative's 17 Questions on the NHI and Medicine Access*

- 1 What specific measures are envisaged to **enable and promote public transparency** related to medicine selection, procurement and contracting processes under the NHI?
- 2 How will the **deliberations of NHI ministerial advisory committees** be made open to the public, and how (and how often) will this information be shared?
- 3 Not everyone living in SA will be regarded as a 'user' of the NHI Fund. In these circumstances, **will medicine manufacturers be permitted to sell medicines to health providers other than the State** – if so, how will this be done, and what will be the maximum price?
- 4 **Which medicines will automatically be covered under NHI benefits as part of the NHI Formulary?** How will this information be communicated to the public, and how can the inclusion or exclusion of specific medicines be appealed?
- 5 **Which medicines will not be covered under NHI benefits as part of the NHI Formulary?** On what basis will this exclusion be decided, how will poorer patients access life-saving medicines that are not included, and will humanitarian organisations be permitted to *source medicines on individual's behalf*?
- 6 Will wealthier people **be able to bypass NHI selection and purchase more expensive life-saving and other medicines** on their own/with others where the State does not procure these itself?
- 7 Many foreign migrants and South Africans without documentation will not be able to register as NHI Users. How **will people who are not registered NHI Users (for any reason) be able to access basic health care services?**
- 8 **How will the price of medicines not included in or covered by the NHI be regulated?** And what role will External Reference Pricing (ERP) methodology play in the NHI and beyond?
- 9 **How will the NHI Fund (e.g., the Office of Health Products Procurement, the NHI Board) negotiate with global pharmaceutical manufacturers and suppliers** in order to procure for the State, and how will that process be transparent and accountable?
- 10 By when and **how will the current Single Exit Price (SEP) system that governs private sector medicine acquisition be amended and/or extended**, and in what phases of the implementation process will this occur? How will dispensing fees be charged, and how will Section 21 exemptions be managed?
- 11 **Why has the jurisdiction of the Competition Commission been excluded**, and which other statutory body will be legally tasked with providing the necessary regulation of price and competition?
- 12 **How will the Minister determine that the NHI is 'fully implemented'**, and what will take place in terms of what medical schemes can and cannot offer members during the transition period, and after the (undefined) date?
- 13 How will the current (medical scheme) provisions related to **'late-joiner penalties', 'waiting periods' and top-up insurance products be managed or transitioned under the NHI** without prejudicing existing and also new members?
- 14 Has consideration been given to **designing a competitive and different single medicine pricing system for SA?**
- 15 What specific measures if any will the **NHI Fund be permitted to take or recommend** in respect of **reducing medicine, to give effect to the intent of 'strategic purchasing'** as referenced in the NHI Bill?
- 16 How will SA's **Intellectual Property strategy need to adapt to complement the NHI objectives** of securing the 'best available medicines' in the most affordable way?
- 17 What system will govern **how the South African National Defence Force (SANDF) and State Security Agency (SSA) select, procure, and pay for medicines** (they are exempt from the NHI), and how will pricing be monitored and regulated under that parallel procurement system?

Global debates about external reference pricing

PRESIDENT DONALD J. TRUMP

The WHITE HOUSE



▮ PRESIDENTIAL ACTIONS

DELIVERING MOST-FAVORED- NATION PRESCRIPTION DRUG PRICING TO AMERICAN PATIENTS

Executive Orders

May 12, 2025

May 2025

OPACITY IN NET MEDICINES PRICING

FROM THE GLOBAL HEALTH ISSUE TO THE LOCAL
EXPERIENCE: THE CASE OF NO ES SANO

Pharmaceutical transparency: from resolution to reality

Snapshot of the implementation of WHA resolution 72.8 on transparency of pharmaceutical markets with country examples and recommendations

wemos
Make health justice happen

HAI HEALTH
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INTERNATIONAL

NO ES SANO

<https://www.wemos.org/wp-content/uploads/2025/05/Report-pharmaceutical-transparency-Wemos-HAI-2025-1.pdf>

https://noessano.org/wp-content/uploads/2025/05/Informe-Transp_NES_230425_ENG.pdf

TRANSPARENCY AND ACCESS TO MEDICAL PRODUCTS

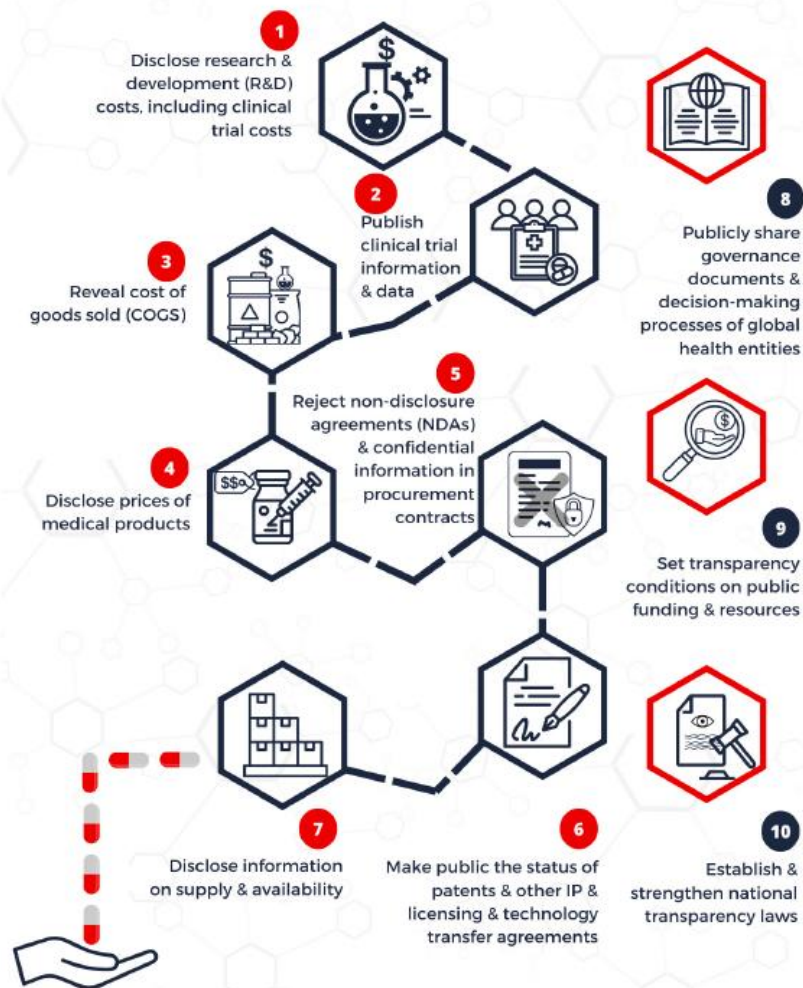
PROGRESS TOWARDS EQUITY IN ACCESS TO MEDICAL PRODUCTS CAN ONLY BE BUILT ON THE OPEN SHARING OF INFORMATION AND KNOWLEDGE, NOT ON SECRETS

JUNE 2024



https://msfaccess.org/sites/default/files/2024-06/MSF-AC_TransparencyReport_June2024_FINAL.pdf

TRANSPARENCY: 10 CRITICAL STEPS FOR ACCESS TO MEDICAL PRODUCTS





Much more to do

- An enforceable marketing code of practice, with final regulations specifying which practices are “perverse”
- Clarity on the pricing of medicines to be reimbursed by the NHI Fund
- And more ...

