

Monitoring Report on Access to Medicines, Vaccines and Other Health Products in Turkey

Resolution 50/13 adopted at the 50th session of the United Nations (UN) Human Rights Council (HRC) called for ensuring access to medicines, vaccines and other health products and for an analytical study on violations in this area. In line with this resolution, a monitoring report on access to medicines, vaccines and other health products in Turkey was prepared by the Association for Women's Right to Health in Development (KADINSA), the Association of Public Health Specialists (HASUDER) and the Turkish Medical Association (TTB).

The report analyzes data on access to medicines, vaccines and other health products in Turkey and rights violations. Data was provided by the Ministry of Health, the Turkish Medicines and Medical Devices Agency (TİTCK) and independent researchers. Rights violations were identified through the reports of civil society organizations.

The main barriers at the national and local level to ensure equitable access to medicines, vaccines and other health commodities include: **Poverty, lack of education, gender inequality, universal coverage issues, lack of equitable financing of health services and health inequalities.**

In May 2012, the 194 member states of the World Health Assembly endorsed the Global Vaccine Action Plan, a framework for preventing millions of deaths by 2020 through more equitable access to available vaccines for all populations. There are six strategic goals. The 3rd one is "Ensure that the benefits of immunization are equitably delivered to all people, regardless of where they live, age, gender, disability, education and socioeconomic status, ethnic group and employment status". In short, it is aimed to eliminate "inequalities in access to vaccines" (1). Unfortunately, there are inequalities in immunization services in our country as in the world.

In our country, vaccination against Hepatitis A and B, Tuberculosis, Polio, Diphtheria, Pertussis, Whooping Cough, Tetanus, Measles, Rubella, Mumps, Varicella, Chickenpox, Invasive Pneumococcus and Haemophilus influenza b, which are recommended by the World Health Organization (WHO) for all children worldwide, are being vaccinated against 13 diseases. However, while rotavirus and Human Papilloma Virus (HPV) vaccines against cervical cancer are included in the WHO recommendations, they are not covered in our country. Inclusion in the calendar increases access to vaccines. However, according to 2018 data from the Turkish Demographic and Health Survey (TDHS), inequalities are observed in the levels of absenteeism, non-vaccination and fully vaccinated children. In particular, children of low-educated mothers, children of low-welfare households, children living in rural areas, and children living in Southern and Northern Anatolia are victims of inequality in immunization services (2).

In our country, HPV and Rota virus vaccines can only be accessed by those who can fulfill the recommendation of the physician and who can afford the cost. This situation should be considered as a source of inequality in terms of protection against rotavirus diarrhea and cervical cancer, which can be considered as a problem of the poor (1). Cervical cancer and other cancers caused by HPV can be prevented with vaccines, but the vaccine is not covered by reimbursement. This vaccine, which has a high cost, cannot be accessed by groups that do not have financial means (3).

In Turkey, childhood immunization services are mainly carried out in family health centers. The population per Family Health Center (FHC) is too high in all regions to provide immunization

services and there is a distribution disorder (1). The fact that the service is mostly provided on an application basis in FHCs also constitutes a disadvantage in the provision of the service.

Vaccine absenteeism is the incomplete or incomplete vaccination of the individual we have started to vaccinate. It is aimed to keep the level of absenteeism below 10%. Absenteeism is a sign of failure to maintain trust in the management of immunization services, failure to provide logistical requirements, and failure to manage/manage/poor management. According to TDHS 2018 findings, absenteeism rates are always above 10% (4).

Community immunity is achieved through homogeneous geographically based (province, district, village) provision of the minimum vaccination rate required to break the chain of infection. WHO publishes the province-based situation of our country. Accordingly, 1/3 of our provinces are below the level foreseen for community immunity in terms of MMR1 (Measles, Rubella, Mumps) and more than 2/3 of our provinces are below the level foreseen for MMR2 (2).

Vaccination against COVID-19 is still the most effective method in the fight against the pandemic. According to the data shared by the Ministry of Health, as of August 31, 2022, the 2nd dose vaccination rate above the age of 18 is 85.6%, and when calculated according to the general population, it is 63.6% (5).

Looking at the 2nd dose COVID-19 vaccination rates in August 2022 according to NUTS-1, the highest vaccination rates were observed in Western Marmara (69.3%), Aegean (66.9%) and Western Black Sea (66.9%) regions, while the lowest vaccination rates were observed in Southeastern Anatolia (42.2%), Central Eastern Anatolia (49.3%) and Northeastern Anatolia (51.2%) (5). It is evident that the regions with low COVID-19 2nd dose vaccination rates are similar to the regions where inequality in childhood immunization was found.

There are some legal arrangements in Turkey that affect the accessibility and affordability of medicines, vaccines and other health products, but these are not sufficient. The Ministry of Health, through TİTCK, periodically sets and updates drug prices and exchange rates for imported medicines. However, due to high inflation in Turkey, these prices remain low and importers sometimes stop importing these medicines and products. This is the biggest obstacle to access to medicines. There is a segment of the population in Turkey that cannot access oncology medicines imported from abroad.

Access to medicines and healthcare products is also problematic in rare diseases. Access to medicines and healthcare products is very important in some diseases that cause childhood mortality, such as Spinal Muscular Atrophy (SMA). Due to the high cost of medicines, difficulties in accessing medicines, the severe course of the disease and the impact on quality of life, caregivers have to cope with many difficulties and these medicines have not yet been fully reimbursed (6).

According to data from the Turkish Statistical Institute (TurkStat), the population aged 65 and over, which is considered as the elderly population in Turkey, increased by 22.6% in the last five years from 6 million 895 thousand 385 people in 2017 to 8 million 451 thousand 669 people in 2022. The proportion of the elderly population in the total population increased from 8.5% in 2017 to 9.9% in 2022. Accessibility of medical products such as dental prosthesis, eyeglasses and hearing aids is very important for the growing elderly population. However, the co-payments that individuals have to pay for these remain quite high compared to their income. The Social Security Institution's (SSI) Health Implementation Communiqués (SUT) also keep the amount of payment for hearing aids extremely low. In addition, the SSI deducts the 10% co-payment that pensioners have to pay for these products from their pensions (7).

These problems are also observed in Family Planning (FP) services. FP services are an important health service that prevents both unwanted pregnancies and excessive fertility and affects the society in many ways. According to TDHS 2018 data, 30% of women in Turkey do not use any FP method, and 20% of women who use methods use traditional methods. The unmet FP method need of women doubled from 6% to 12% (8).

International cooperation is important to ensure access to medicines, vaccines and other health commodities, but the main challenges for international cooperation and partnerships are (9,10,11):

- Countries' own legal regulations
- Overseas Good Manufacturing Practices (GMP) inspection processes and licensing processes
- Logistics activities and drug transportation safety
- Increasing costs and the depreciation of the Turkish Lira (TL)
- Declining investments in Research and Development (R&D) in pharmaceutical company contracts over the years,
- The perspective of the countries to be cooperated with on the Turkish health system
- International pharmaceutical companies conducting only clinical research in Turkey
- Turkey market shares of health products

The current intellectual property rights regime also has implications for access to medicines, vaccines and other health products. Therefore, IPRs and technology transfer should be better addressed internationally to improve access to medicines, vaccines and other health products. For example, the most important intellectual property right for medicines is the patent. It can take years to produce an equivalent for the same indication of a drug patented abroad because of the patent rights of the company that first produced the product. The patent right for a medicine is 20 years and identical generics cannot be brought to the market within this period. This creates a significant barrier to access to medicines for poor countries and poor segments (12).

The main challenges in ensuring the quality, safety and efficacy of medicines and vaccines are (10,11):

- Inadequate investments in pharmaceutical R&D in Turkey
- Investing in generic production rather than original drug production and new molecule discoveries in Turkey
- High cost of clinical trials
- Insufficient project support from TÜBİTAK and similar institutions

Barriers to ensuring that medicines, vaccines and other health products are affordable can be summarized as follows (9,11):

- National pharmaceutical companies are late in developing innovative drugs
- Fixed exchange rate regulation for the pricing of medicines and other health products
- Conditions for reimbursement of medicines
- Despite the increase in government incentives for the public sector, not everyone can benefit from these incentives
- Lack of drug and vaccine production centers,
- Lack of investment institutions that fund R&D as in other countries

Here are concrete steps to increase access to medicines, vaccines and other health commodities:

1. Investments in pharmaceutical R&D in Turkey should be increased rapidly.

2. Payment conditions and SSI-SUT practices for medicines, vaccines and health products should be improved.
3. International cooperation should be increased for high-cost medicines such as drugs for rare diseases and oncological drugs.
4. Strategies should be identified to prevent health inequalities between men and women.
5. Ministry of Health and TİTCK regulations should be updated to ensure health equity.
6. Intellectual property rights (patents) conditions should be eased to enable more production in the pharmaceutical market.
7. There should be a fixed exchange rate arrangement for medicines.
8. Hikes on medicines should be kept to a minimum.
9. Support policies for access to medical devices, especially for the elderly, should be increased and the number of contracted medical device companies should be increased.

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