Access to healthcare

Providing access to healthcare for all those who need it is a significant and complex global challenge. We are making it easier for people to afford our medicines, especially in emerging markets. We focus, too, on strengthening healthcare capabilities, particularly in developing economies where the price of a medicine may not be the only barrier to healthcare.

We believe that we will be able to make the greatest contribution when our approach is commercially sustainable. It will also take a combined global effort involving all relevant stakeholders to drive sustainable progress worldwide. Many of our activities are, therefore, underpinned by collaboration with a wide range of partners.

As access to healthcare can also vary within a country, our activity is tailored locally to meet the needs of different patient populations.

2015 highlights

1 million

screenings for hypertension through Healthy Heart Africa

3.5 million

patients in emerging markets served by patient access programmes

1.7 million

Brazilians using patient access cards though our Faz Bem programme

Our approach

At AstraZeneca we research, create, manufacture and market medicines and treatments for the whole world. We believe that everyone should have access to those medicines, regardless of where they live or how much money they have. We work hard to improve access to medicines for all, particularly those who have traditionally been underserved by the industry.

We have made significant progress in broadening the access to our products by making medicines more affordable and we are working towards greatly increasing access, particularly in low-income countries, through our patient access programmes. Our efforts to improve affordability are particularly focused on the ability to pay based on disposable household income. We continue to grow our capabilities and build on the experience of wellbeing initiatives and patient access programmes, which provide discounts on our medicines and other patient services.

Our access to healthcare strategy combines these three strands to address affordability and other healthcare barriers, while ensuring we continue to provide high-quality medicines to those who need them.

Our access to healthcare strategy:

1. To continue providing high-quality, effective and appropriate medicines to those who need them

2. To improve affordability, particularly focused on the ability to pay in emerging markets

3. To bring down healthcare barriers, particularly in developing countries

What we have achieved

Our aims	Goals	Progress highlights	Target progress
Increase access to healthcare for underserved patient populations	Reach one million people through Young Health Programme by 2015	Over 1.4 million young people engaged since 2010	↑
	Reach 10 million patients across Sub-Saharan Africa with treatment for hypertension (abnormally high blood pressure) by 2025 through Healthy Heart Africa	Over one million patients screened in 2015, exceeding its year one target	→
	Screen over 750,000 people in 2015 through Healthy Heart Africa		↑

Key

Target exceeded ↑ | Full target achieved ✓ | Ongoing progress → | Target not achieved, some progress ◔

In Central and Eastern Europe, we offer Patient Access Card programmes to provide discounts on some of our key medicines along with educational materials that help people to understand their disease and the importance of sticking to their treatment plans.

For example, in Romania, a Patient Access Card is distributed by doctors to appropriate patients to enable co-payment reductions for patients. Typically, a separate card is required for each treatment, but we are simplifying the process by making a single card apply to reductions on a range of our key products, making it easier for patients to manage and reducing the administrative burden on pharmacists.

Patients in rural areas are also benefiting from a new dedicated call centre.

To date, we have reached an additional 30,000 cardiovascular patients through this single card programme.

We also currently run affordability projects in countries across Latin America, the Middle East and Africa, and Asia Pacific. Our efforts to improve affordability are particularly focused on the ability to pay based on disposable income. One example is our Faz Bem programme in Brazil, which provides discounts on our medicines, as well as information about diseases, treatments and healthy lifestyles, to 1.7 million people.

Further patient access programmes, which provide discounts on our medicines, and other patient services include Disfruto Mi Salud in Central America and the Caribbean, MAZ Salud in Mexico and Karta Zdorovia in Russia.

We have significantly expanded these initiatives across Latin America, the Middle East and Africa, and Asia Pacific, and the number of patient access programmes in emerging markets has more than doubled since 2013, reaching 3.5 million patients in total by the end of 2015.

There are many barriers for people seeking healthcare, especially in developing economies. These include:

Lack of infrastructure

Availability of medicines and treatments

Local culture, beliefs and traditions

Cost

Lack of knowledge

In 2015, we expanded efforts in Africa to enable greater access to hypertension medication and other essential services for patients who are otherwise unable to access medication or other forms of treatment. Through our Healthy Heart Africa programme, we have opened health facilities across Africa to provide training, education, screening, diagnosis and treatment for patients with hypertension. You can read more about our results on page 5.

Driving mainstream business

Our mainstream business continues to focus on those people for whom healthcare is readily available and who can afford our medicines.

Sales of these medicines in our established markets help us to generate the revenue we need to provide our shareholders with a return, invest in continued innovation and identify other opportunities to expand the availability and affordability of our medicines, especially to help those patients who cannot afford medicines.

Pricing and value

Our global pricing policy helps to ensure appropriate patient access, while optimising the sustained profitability of our products. When setting the price of a medicine, we consider its full value to patients, payors and society generally. We also pursue a flexible pricing approach. For example, we support the concept of differential pricing, provided that appropriate safeguards are in place to help ensure lower-priced products reach the patients who need them, and are not diverted for sale and use in more affluent markets.

Our medicines play an important role in treating unmet medical need. In doing so, they bring economic, as well as therapeutic benefits. Effective treatments can help lower healthcare costs by reducing the need for more expensive care, such as hospital stays or surgery, or through preventing patients from developing more serious or debilitating diseases. They also contribute to increased productivity by reducing or preventing the incidence of diseases that keep people away from work.

We are acutely aware of the economic challenges faced by payors and remain committed to delivering value to payors and patients alike. We work closely with payors and providers to understand their priorities and requirements. We also conduct real-world evidence studies to demonstrate how our products improve health outcomes, offer value and support cost-effective healthcare.

Healthy Heart Africa

Healthy Heart Africa (HHA) is our leading access to medicines programme. Through HHA we are helping to tackle a silent killer in parts of the world where access to healthcare is at its lowest.

The number of deaths attributable to cardiovascular disease (CVD) in Africa grew more significantly than any other condition from 2000 to 2012, and is currently the third-leading killer in the region, closely behind HIV/AIDS and respiratory infections. Moreover, CVD is the leading cause of non-communicable disease (NCD)-related mortality in the Africa region, accounting for more than one-third of all NCD deaths.

High blood pressure, or hypertension, one of the main risk factors for CVD, is meanwhile estimated to affect nearly half of adults aged 25 years and older across the region, and its prevalence is expected to grow, affecting 150 million adults in Sub-Saharan Africa alone by 2025.

Yet it is estimated that less than 10% of people with hypertension have access to effective treatment in some African countries. By diagnosing and treating hypertension, we can prevent the development of more severe forms of cardiovascular disease, reducing the strain on developing healthcare systems and keeping people healthier for longer.

Tackling the problem

We launched HHA in Kenya in 2014, as a first step towards our goal of treating 10 million people with hypertension in Africa over the following 10 years. Working with local partners, we set about providing training and establishing healthcare centres for screening and treating patients.

In our first year we:

Conducted **1 million** hypertension screenings in Kenya

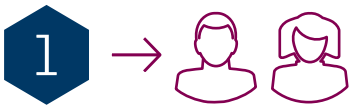
Opened over **250** health facilities

Trained over **2,600** healthcare workers across **21** countries

Diagnosed close to **150,000** patients with high blood pressure

Started treatment for **25,000** patients

Addressing the challenges



Identifying the right patients

Healthcare facilities and household screening activities predominately reach women, with only 35% of those reached through the programme initially being men. In order to reach more males of working age in the area of Kibera (Kenya's largest slum), a new 'walkway' screening location was established to capture male commuters walking home from work. We integrated this into an existing local health facility but one which was not previously part of our original programme. The new Kibera facility is open additional hours in the evening in order to manage the additional footfall. Through this new screening location we have seen a drastic increase in the number of males being screened. In addition, linkage rates have improved between screening and diagnosis, due to evening clinic hours and increased opportunity to engage with patients on a regular basis during their daily routine.

Leveraging large workplaces to bring treatment to the patient

Daily working hours can make it difficult for people to attend screening clinics. However, combining screening activities with outreach clinics at large workplaces ensures patients can not only get their blood pressure checked but also be treated at the same time by the attending health worker. This has worked well at both informal (e.g. factories and quarries) and formal workplaces (e.g. teacher meetings), and has resulted in an increased desire for companies to keep their workforce healthy and supported, with regular outreach clinics now visiting a number of large workplaces, ensuring continuity of care with limited impact on patients' commitment to work.

Integrating NCD care into existing community-level care

Reaching rural patients can be challenging and linkage rates between community activities and attendance at health facilities were initially as low as 25% in some rural settings. Mobilising community health visitors (CHVs) to support their community and patients throughout the whole patient journey for multiple health conditions has helped to provide better patient care for both non-communicable and communicable diseases.

Ensuring no missed opportunities

The first point of entry for patients seeking acute care in a large health facility is generally the outpatient department. The focus of these departments has typically been to address only acute conditions, with limited or no time taken to check the overall health of the patient. Patients are often not routinely checked for high blood pressure, losing the opportunity to provide preventative or chronic care services. However, within facilities that have been mobilised through HHA, when screenings did take place, a higher prevalence of hypertension was observed than in community settings. Instigating routine blood pressure screening processes within outpatient departments and improving links with medical departments equipped to deliver chronic care services have, therefore, ensured that sick patients receive, not just the acute care they need but also longer-term chronic care services.

Reaching the faith-based community

Using religious services to help spread health messages is an important way to communicate to a large number of people and to bring information closer to patient populations. HHA has combined health talks with screenings and treatment outreach clinics at Kenyan churches to help diagnose and treat hypertension patients within their communities. Solely through this channel, HHA has screened over 120,000 people. This outreach is also reinforced by weekly visits to the church by community healthcare volunteers to ensure continuity of care for patients.

Next steps

Mid-2016 is the end of our HHA demonstration period, throughout which we have been refining our approach and developing the model for the programme. This knowledge will help us to launch HHA more widely in Kenya and in other African countries.

In 2016, we will also establish new partnerships to continue to test approaches in Kenya and other countries in the region. There will also be an independent impact evaluation of the programme available to provide further insight about how HHA can be expanded and scaled up to other countries.

Young Health Programme

The Young Health Programme (YHP) is our global community investment initiative. It has a unique focus on young people and primary prevention of the most common non-communicable diseases (NCDs), such as type 2 diabetes, cancer, and heart and respiratory disease. Significant global health issues that have human, social and economic consequences, NCDs have become the leading cause of death and disability worldwide and are responsible for an estimated 38 million deaths each year.

We work with over 30 expert organisations, combining on-the-ground programmes, research and advocacy to target the four most prevalent risk factors for NCDs: tobacco use, alcohol abuse, lack of exercise and unhealthy eating.

When we launched YHP in 2010, we committed to reach one million young people through the programme by the end of 2015. We have now reached over 1.4 million young people in more than 20 countries. Kenya was the latest addition in 2015.

Over 14,000 young people have now been trained to share health information with their peers and the community, and over 12,000 frontline health providers have been trained in adolescent health.

You can find stories of the young people helped by YHP at www.yhpvoices.com and further information on the programme at www.younghealthprogrammeyhp.com.

Case study: The Young Health Programme in India

In India, YHP is helping young people make sense of the physical, mental and social changes going on in their lives. Through community meetings and peer education, young people are able to get the information they need about their health and their bodies, instead of relying on misinformation shared by their friends. In many cases, young people are learning about health issues for the first time through YHP and are gaining increased awareness of how the body works, the impacts of smoking, substance abuse, diet and lack of exercise.

“Before I got involved in YHP, I was in bad company. I had personal problems and no one to talk to about them. Sharing these problems with my friends was just sharing poor information. I didn’t understand the importance of education. I initially joined YHP for access to the computers. YHP taught us about drugs and substance abuse, which is a huge problem. We also learned about reproductive health, which is related to many of our personal problems.

Through YHP I have participated in street plays, spoken in public and shared knowledge with the community at large. Being part of YHP renewed my interest in, and commitment to, education and now I’m in my final year of a BA degree at Delhi University. I’m also a YHP Ambassador, speaking up for the health needs of young people around the world.”

Suraj is 21 and has been involved with YHP in India for four years