Gathering market data from the top: IMS Health-MMV collaboration on measuring market size

Peter Stephens, IMS HEALTH
What is IMS HEALTH?

- **Unique skills in data collection about medicines**
  - 104 countries, 130,000 suppliers, 730,000 outlets
  - >1 million products tracked and linked world-wide
  - Electronic, invoice, handwritten...

- **Transforming data into intelligence**
  - Design and production of clinical benchmarks for the health services in USA and UK
  - >170 health economists world-wide (NICE partner)
  - 2nd largest healthcare consultancy worldwide (by revenue)

- **Trusted by healthcare supply chain**
  - Industry, wholesalers, pharmacy, drug outlets, governments, regulators, patient and consumer groups
Why the collaboration with MMV?

- National level information does not exist for vast areas of Africa
- Distribution is complex – trading + exclusive arrangements
- Recording is often paper based, and unsystematic
- Collaboration needed from both public and private sectors as information can be regarded as a threat, not a benefit

Zambia
MMV-IMS Proof Of Concept
What information is being collected?

- Information that will help pharmacovigilance, policy making and drug supply
  - Total medicine imports notified to drug regulatory authority
    - By molecule and product
    - By volume and value
    - By importer and manufacturer
    - By public, private and mission sectors
    - By registered & unregistered
    - Over time
PRA Tracking Sheet (Operational Efficiency)
- Tracking number
- Date of application
- Date of approval

Importer Application
- Importer
- Port of entry
- Product(s) name, strength, quantity

Pro-forma Invoice
- Manufacturer/supplier
- Product description, quantity, value
14 importers linked to >80% of total invoices

- Only 36% of registered importers notified PRA of imports (sustainability?)
- A further 10% of unregistered importers notified PRA
Malaria: 16 registered compounds, 109 packs*

<table>
<thead>
<tr>
<th>Molecule</th>
<th>Packs</th>
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<tbody>
<tr>
<td>Amodiaquine</td>
<td>5</td>
</tr>
<tr>
<td>Chloroquine Phosphate</td>
<td>8</td>
</tr>
<tr>
<td>Amodiaquine + Artesunate</td>
<td>4</td>
</tr>
<tr>
<td>Dihydroartemisinin + Amodiaquine hydrochloride</td>
<td>1</td>
</tr>
<tr>
<td>Artemether</td>
<td>18</td>
</tr>
<tr>
<td>Artemether + Lumefantrine</td>
<td>15</td>
</tr>
<tr>
<td>Artesunate</td>
<td>6</td>
</tr>
<tr>
<td>Artesunate + Amodiaquine</td>
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</tr>
<tr>
<td>Artesunate + Pyrimethamine + Sulfamethoxypyrazine</td>
<td>9</td>
</tr>
<tr>
<td>Dihydroartemisinin</td>
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<tr>
<td>Dapsone + Pyrimethamine</td>
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<tr>
<td>Sulfadoxine + Pyrimethamine</td>
<td>22</td>
</tr>
<tr>
<td>Artesunate + Pyrimethamine + Sulfadoxine</td>
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<tr>
<td>Mefloquine</td>
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<td>Primaquine</td>
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<td>Quinine</td>
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<tr>
<td>Halofantrine hydrochloride</td>
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</table>

* Combination of molecule, manufacturer, form, strength and quantity of e.g tablets
India is the dominant source of Marketing Authorisation Holders for antimalarials
Data issues

• Missing applications
• Notification versus actual volumes imported over time
  – Public versus private sector
• Imports not notified to PRA
The availability of import volume data will promote the supply of safer medicines at more affordable prices.