MENA Region Access to Treatment Charter

Multiple sclerosis (MS) is the most common disabling neurological disease amongst young adults. Today there are 2.9 million people living with MS worldwide (**1**). In 2022, all World Health Organization (WHO) member states adopted the Intersectoral Global Action Plan (IGAP) on neurology, highlighting the importance of brain health (**2**). In July 2023, the WHO officially recognised the public health need for effective and affordable treatments for multiple sclerosis and underlined the importance of treating MS (**3**).

In the MENA region, the estimated number of people with MS increased from more than 55,000[i] in 2013 to 124,000[ii] in 2022 (**1**). The region is facing a public health concern that cannot be ignored. Access to MS treatment is challenging with 58% of MENA countries reporting issues with continuous access to treatment, 10% higher than the global average (**4**). MS is a chronic condition that requires regular access to disease-modifying therapies, and suddenly stopping treatment may worsen the condition.

More than 15 MS patient organisations in 14 countries[iii] have been working together since 2021 with the aim of improving access to MS treatment in the region, identified as a key priority by the organisations.

With the support of the MS International Federation (MSIF) (**5**) and the Middle East North Africa Committee for Research and Treatment in Multiple Sclerosis (MENACTRIMS) (**6**), we developed this charter. We believe that people with MS have the right to safe and effective treatment. This should be integrated into national strategies, policies, and practices. We call on national and regional decision-makers to:

- Ensure people with MS attain the highest possible level of health, whilst protecting the dignity and autonomy of the individual (**7**)

- Have a national plan and/or guidelines for the holistic healthcare of people with MS, which are regularly updated (**2, 8**)

- Ensure that pathways to care and treatment anticipate and respond to the changing needs of each person with MS (**2, 8**)

- Increase the number and support the training of a range of health professionals that provide care for people with MS (**4**)

- Ensure continuous provision of a range of MS treatments, for people with MS across the whole country, and for all forms of MS including paediatric and for use during pregnancy (**3**)

- Ensure high-efficacy MS treatments are available to all people with MS according to clinical need, both in public and private settings (**3, 8**)

- Ensure quality, safety and ethical standards are met for MS treatments, e.g., through transparent regulatory frameworks (**2**)

- Reduce bureaucracy in the system to improve access to treatment, such as simplifying the process for repeat prescriptions (**9**)

- Ensure MS treatment is affordable. Provide universal coverage for MS care and essential MS treatments, including for people who do not have private health insurance and people whose migration status may prevent them from accessing healthcare (**2, 3, 8**)

- Improve the monitoring and reporting of core MS data through establishing or further developing national MS registries that can collect reliable information (**2**)

References

(1) *Atlas of Multiple Sclerosis*: https://www.atlasofms.org/map/global/epidemiology/number-of-people-with-ms#about, accessed 13 September 2023

(2) *World Health Organization Intersectoral global action plan on epilepsy and other neurological disorders 2022*: https://www.who.int/publications/i/item/9789240076624

(3) *World Health Organization Model Lists of Essential Medicines 2023*: https://www.who.int/news/item/26-07-2023-who-endorses-landmark-public-health-decisions-on-essential-medicines-for-multiple-sclerosis

(4) *Barriers to accessing multiple sclerosis disease-modifying therapies in the Middle East and North Africa region: A regional survey-based study*, Multiple Sclerosis and Related Disorders, 2023: https://www.msard-journal.com/article/S2211-0348(23)00460-1/fulltext

(5) *MSIF website:* https://www.msif.org/access-to-ms-healthcare/improve-access-to-ms-treatment/

(6) *MENACTRIMS website*: https://menactrims.org/

(7) *Constitution of the World Health Organization 1946:*
https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1

(8) *MENACTRIMS Guidelines*: https://menactrims.org/guidelines/

(9) *Atlas of Multiple Sclerosis 2020 Clinical Management Report*: https://www.msif.org/resource/atlas-of-ms-2020-clinical-management-report/

Acknowledgements

Endorsements

Glossary

MS treatments - Disease-modifying therapies (DMTs): DMTs are medicines that aim to prevent or reduce the number of relapses that occur, as well as slowing down the overall progression of the disease. DMTs are not a cure for MS. DMTs are different from medicines used to manage relapses or symptoms of MS, e.g. pain.

Pathways to care and treatment - a *plan for patient care that is comprehensive and integrated,* meaning it covers patient care from beginning to end.

High efficacy - efficacy refers to the ability of a product or treatment to provide a beneficial effect. There are around 20 MS treatments with different safety and efficacy profiles. High efficacy treatments often refer to monoclonal antibody DMTs like rituximab, ocrelizumab, ofatumumab, alemtuzumab and natalizumab. Access to high efficacy therapies is frequently more restricted in many health systems, and are often much more expensive.

Public and private settings - Public health care is usually provided by the government through national healthcare systems. The private health sector is the individuals and organizations that are neither owned nor directly controlled by governments and are involved in provision of health services.

Universal health coverage (UHC) - all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care (WHO - Universal Health Coverage).

---

[i] Data from Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Authority, Qatar, Saudi Arabia, Tunisia and United Arab Emirates

[ii] Data from Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Authority, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen

[iii] Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Palestinian Authority, Saudi Arabia, Syria, Tunisia, UAE and Yemen