The challenge

In 2020, more than 3.5 million new cancer cases were diagnosed in low- and lower middle-income countries (LLMICs) and an estimated 2.3 million premature deaths were caused by cancer. If left unchecked, deaths from cancer in LL MICs are expected to rise to 4 million by 2040.

Many LLMICs do not have sufficient resources to respond to the needs of people living with cancer and have a limited availability of essential medicines, diagnostics and complementary treatments required for good cancer treatment and care.

Increasing access to cancer medicines in LLMICs is challenging. Simply making cancer medicines available does not guarantee that patients will receive the right medicines at the right time. To be truly effective in addressing the problem of access, a new partnership approach is needed.

Increasing access to essential cancer medicines

UICC and its partners have established a new global initiative, the Access to Oncology Medicines (ATOM) Coalition to improve access to essential cancer medicines in LLMICs and increase the capacity to use these medicines effectively.

Priority will be placed on medicines currently on the WHO Essential Medicines List (EML) or those likely to be included in the future that treat cancers with the highest incidence-to-mortality in LLMICs (lung, colorectal, breast, cervical, prostate and childhood cancers).

The Coalition was launched on 22 May 2022 at the World Health Assembly in Geneva and brings together close to 30 partners from civil society as well as the public and private sectors with expertise in implementing cancer-focused access programmes.

The ATOM operating model

The ATOM Coalition has two main ambitions a) increasing the availability of affordable cancer medicines and b) increasing the capacity to use these medicines appropriately.

In order to achieve these ambitions, the Coalition will:

• Work with governments and other stakeholders in selected ATOM countries to assess their needs and offer targeted, coordinated capacity building support (e.g., in diagnosing cancer, the proper handling and supply monitoring of cancer medicines).

• Work with generic, biosimilar and originator manufacturers to develop, register and supply quality-assured essential cancer medicines at affordable prices in selected ATOM countries.

• Facilitate the successful use of voluntary licenses for patented EML medicines and new medicines that are of significant public health importance in ATOM target countries.

ATOM also aims to increase global awareness about the limited access to essential cancer medicines, diagnostics and care in LLMIC’s.

For the first phase of operations (4-5 years), ATOM partners will work collectively in a sub-set of LLMICs, taking into consideration the current presence of ATOM partners, health system readiness, diagnostic capability, the number of essential medicines already listed on their National Essential Medicines Lists, and the existence of other access programmes in the country.

Governance

The ATOM Coalition will be structured as an informal alliance comprising all partners and key representatives from ATOM target countries and led by a governing council. The Union for International Cancer Control (UICC) serves as Secretariat of the Coalition and coordinates all ATOM activities implemented by Coalition partners at the global and country levels.
Driving results through partnerships

The ATOM Coalition will work with a range of global and country-level partners currently implementing access projects in LLMICs to complement, enhance and amplify their impact.

It will build on the network, health expertise and experience of all partners. An important added value of ATOM is that it will also address the current lack of connectivity between different health initiatives. ATOM seeks to complement existing access programmes and support their growth by developing synergies and addressing common challenges.

The ATOM ambition:

“To reduce suffering and deaths caused by cancer in low- and lower-middle income countries through improved access to and use of essential cancer medicines.”

Current list of partners (as at 30 May)*

1. The World Bank defines low-income economies as those with a GNI per capita, calculated using the World Bank Atlas method, of $1,045 or less in 2020; lower middle-income economies are those with a GNI per capita between $1,046 and $4,095.
4. Voluntary License. A voluntary license is an authorization given by the patent holder to a generic company, allowing it to produce a patented medicine, as if it were a generic. The license usually sets quality requirements and defines the markets in which the licensee can sell the product. The decision to grant a voluntary license, and the terms therein, can be tailored to account for many factors, including the nature of the epidemic/disease, social factors, economic considerations and the capacity of the licensee to meet and maintain quality standards for the product.

If you are interested in joining the ATOM Coalition please contact atom@uicc.org.