The Global Roundtable Series
September 2015 - Geneva, Switzerland
Access to essential cancer medicines

"When new effective medicines emerge to safely treat serious and widespread diseases, it is vital to ensure that everyone who needs them can obtain them"

– WHO Director-General, Dr Margaret Chan

On 9 September 2015, The National Cancer Institute Center for Global Health, USA, (NCI-CGH) and the Union for International Cancer Control (UICC) co-hosted a global roundtable that brought together a select multisectoral group from the public and private sectors to discuss experience and challenges in access to cancer medicines globally – with a special focus on the 46 cancer medicines contained within the newly updated WHO Model List of Essential Medicines (WHO EML).

> "Essential Medicines are those that satisfy the priority health care needs of the population, the model EML initiated in 1977 introduced the idea that some medicines are more important than others."
>
> *Nicola Magrini, Secretary of the Expert Committee on Selection and Use of Essential Medicines, WHO*

The World Health Organization's (WHO) Global Action Plan (GAP) on the Prevention and Control of Noncommunicable diseases (NCDs) calls for **80% availability of affordable, basic technologies and essential medicines by 2025**, including those for cancer. And yet, a study by Health Action International has shown that the vast majority of the world's population, those living in low- and middle-income countries that face the biggest increase in burden of disease in the next decades, are way below this target (35%) and are therefore lacking the routine access to quality, essential and affordable treatment options for saving lives.

With the recent significant expansion of the cancer section of the WHO EML the foundation has been laid for monitoring and reporting against the GAP 80% target. This update represents a real step forward, reconfirming the need for the existing 30 medicines, alongside the addition of **16 new cancer medicines** and **new disease-based summaries** referencing their standard treatment regimens. The challenge remains to ensure cancer patients have routine access to the right medicines, in the right combination, and in a timely manner. Employing a novel approach for discussing access, participants from multiple sectors worked together within this meeting to identify key areas where positive change can be affected through their collaborative efforts.

> The roundtable was very productive. It was very helpful to hear first-hand from senior WHO officials to understand their approach, where they see the opportunities for collaboration with other stakeholders in overcoming the barriers to implementing the new EML in oncology medicines.

Charles Butcher, Global Policy Lead Oncology, Merck/MSD

Participants had the opportunity to hear from WHO experts from the Department of Essential Medicines and Health Technologies about the concept of the WHO EML, **the recent additions in 2015 for cancer**, its implications and the challenges this poses.

> In 2002 there was an important change in that affordability changed from a precondition into a consequence of selection to the Model EML. Some cancer medicines included in the EML are cost effective and unaffordable: this will require actions to increase access.

Nicola Magrini, Secretary of the Expert Committee on Selection and Use of Essential Medicines, WHO

The discussion continued around the "four As" with essential medicines being available, affordable, accessible and acceptable, which requires alignment of multiple complex issues in sequence from identification of an essential medicine, through to its quality and routine use for positive health outcomes.

While the cancer update of the model EML signals strong policy support and the first A - availability – it is as good as manufacture and regulatory processes are robust for the majority of cancer medicines on the list. The group acknowledged that there is significant work to be done on the remaining three As - on the supply and demand side as well as drug monitoring and evaluation.

> Frequently held misconceptions about cancer meds are busted with the new information that 43/46 essential cancer medicines on the WHO model EML 2015 are no longer under patent protection and 42/46 have multiple manufacturers and reasonably transparent global pricing information.

Dr Julie Torode, Deputy CEO and Advocacy and Programmes Director, Union for International Cancer Control (UICC)

Access to Asparaginase for treatment of leukemia and lymphoma gave an example of how, when prices are too low, we see shortage of supply and questionable quality.

Importantly, the group agreed that there was much work needed to shape the market and address financing of essential cancer medicines. More specifically the group explored developing purchasing structures and pricing systems for affordable prices to payers with a key feature being balance of buyer and supplier risks. There is a need to work alongside implementation of cancer services on training, supply chain strengthening and procurement. Of note here was the need to understand more about the level of country engagement with the PAHO strategic fund, now that cancer medicines are included.

One area of discord was the role that expanded access programmes and donations can play – the work of the Max Foundation to improve access to life saving treatment for chronic myeloid lymphoma patients in 80 countries was applauded, but the challenge was made that donations can reduce market incentives and disrupt or by-pass supply chain, ultimately leading to unreliable supply.

> Childhood cancer must be considered an excellent learning laboratory to address this complex web of access issues and is an obvious best buy given the excellent cure rates and long term survivorship of children and young adults that can be achieved with the 2015 EML.

Michael Link, Professor of Paediatrics - Haematology & Oncology at Stanford School of Medicine

> The roundtable was an important step in forging the pathway for access to oncology treatments listed in the WHO essential medicine list. Personally, the opportunity to sit at the table with WHO representatives was invaluable. Of note, the strong pharma presence at the meeting showed a willingness of the industry to be part of the solution, which is a very important outcome in itself.

Patricia Garcia-Gonzales, CEO, The Max Foundation Manufacturers & Associations

In the afternoon the participants working in five mixed groups brainstormed on potential projects to address the issues raised and which stakeholders were best placed to take the projects forward.

Examples included:

1. Working directly with governments to develop or upgrade their national EMLs for cancer and integrate this into national cancer control plan implementation. There was an associated challenge to UICC to explore how progress towards 2025 could be shadow monitored.
2. The idea of developing purchasing practices guidance for cancer medicines with linkage to GMP practices identifying quality approved suppliers.

The group felt this could include a landscape scan to identify procurement officers and provide training and capacity building in countries, modeled on successful efforts in other areas of health.

UICC committed to reviewing all of the ideas generated for consideration in the Roadmap 3 work plan 2016 – 2018.

> “A UICC Roundtable works well when a compelling subject matter is tackled by an outstanding group of experts drawn from a wide range of disciplines. The energy created and the constant overlay of great comment after comment delivers a unique insight to all that participate. I know that we left that room with a better informed perspective on the access issues stopping cancer medicines getting to those who need them today.”
>
> ***Cary Adams, CEO, Union for International Cancer Control (UICC)***

Key Messages

Participants noted the following “take home” messages:

1. With the announcement of the Sustainable Development Goals, NCDs are firmly on the development agenda, and universal health coverage is a goal and key vehicle for health financing. We need to leverage the strong membership of UICC and will of the global cancer community for greater efforts to be part of this discourse and drive demand for essential cancer medicines and for more focused calls for action on global access to these life saving medicines.
2. 146 countries do have a formal national EML, these together with the WHO Model EML are key advocacy tools to initiate dialogue at global, regional and country level.
3. High quality incidence and mortality data by cancer type (and ideally stage) are vital, as they enable stakeholders to forecast and plan supply and demand chains more effectively. Cancer registration is a cost-effective investment to know where the real needs are, plan for emerging trends, predict volumes, and spend money where it matters.
4. There is a need to improve the efficiency of working across sectors especially in low- and middle-income countries. Organisations must collaborate and make data and information more available, e.g. on price transparency and health financing.
5. There is room to think outside the box and consider the development of innovative procurement and delivery systems, as well as working within more traditional access models currently applied to cancer treatment as well as other areas of health.

Co-Chairs

- **Julie Torode,** Deputy CEO, Advocacy & Programmes Director at UICC
- **Ted Trimble,** Director of Center for Global Health at NCI USA

Speakers

Organised Alphabetically

- **Tim Eden,** Founding Medical Trustee, World Child Cancer; Emeritus Professor of Paediatric and Adolescent Oncology at Manchester University, UK
- **Fermin Ruiz de Erenchun,** Global Head Biologic Strategy Team, Global Product Strategy at Roche
- **Pat Garcia González,** President and CEO at The Max Foundation
- **Sue Hill,** Senior Advisor in Policy, Access and Use, Department of Essential Medicines and Health Technologies at WHO
- **Michael Link,** Professor of Paediatrics - Haematology & Oncology at Stanford School of Medicine
- **Nicola Magrini,** Secretary, WHO Expert Committee on the Selection and Use of Essential Medicines, Department of Essential Medicines and Health Products at WHO
- **Clara Zachmann,** Ethics and Policy Manager at the European Generics Association

List of Participants

Organised Alphabetically

- **Cary Adams,** Chief Executive Officer, UICC
- **Martin Bernhardt,** Vice President International Institutions at Sanofi
- **Charles Butcher,** Global Policy Lead Oncology at Merck/MSD
- **Marco Castino,** VP Head of oncology & Speciality care Europe at Teva Pharmaceuticals
- **Sarbani Chakraborty,** Senior Director, Global Public Policy at EMD Serono, Inc
- **Sinead Duffy,** Global Health Policy & Public Affairs at Bayer
- **Tim Eden,** Founding Medical Trustee, World Child Cancer; Emeritus Professor of Paediatric and Adolescent Oncology at Manchester University, UK
- **Henrik Finnern,** Manager Patient Advocacy Relations at Boehringer Ingelheim
- **Pat Garcia González,** President and CEO at The Max Foundation
- **Edith Grynszpancholc,** ICCCPO Board of Trustees advisor and President at the Fundación Natalí Dafne Flexer
- **Sue Hill,** Department of Essential Medicines and Health Technologies at WHO
- **Andre Ilbawi,** NCD Disease Management at WHO
- **Michael Link,** Professor of Pediatrics - Hematology & Oncology at Standford School of Medicine
- **Nicola Magrini,** Secretary, WHO Expert Committee on the Selection and Use of Essential Medicines, Department of Essential Medicines and Health Products at WHO
- **Natalie Mrak,** Senior Manager, Access to Health (A2H) at EMD Serono, Inc.
- **Tamara Music,** International Health Policy Leader, Emerging Markets at Roche
- **Cinthya Ramirez,** Senior Manager, Global Institutions at Pfizer
- **Herb Riband,** Vice President, Value, Access & Policy, Europe at Amgen
- **Patrick Ringblom,** Global Commercial Strategy Leader Oncology at Johnson & Johnson
- **Fermin Ruiz de Erenchun,** Global Head Biologic Strategy Team, Global Product Strategy at Roche
- **Julie Torode,** Deputy CEO, Advocacy & Programmes Director at UICC
- **Ted Trimble,** Director of Center for Global Health at NCI-CGH
- **Andrea Wilkinson,** Government Affairs Global Brands Director at AstraZeneca
- **Clara Zachmann,** Ethics and Policy Manager at the International Generics Pharmaceutical Association - IGPA