

Universal Health Coverage

A Political Commitment Requiring Action by All

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Conflicts of interest:
Nothing to Disclose

Improving Cancer Outcomes

Where are we now?

Scenario (10 million population)	Advanced stage
Low coverage (30%) Low quality services Fractured care	100 lives saved \$1000

Governments do finance cancer care

Improve care through Universal Health Coverage



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Organisation



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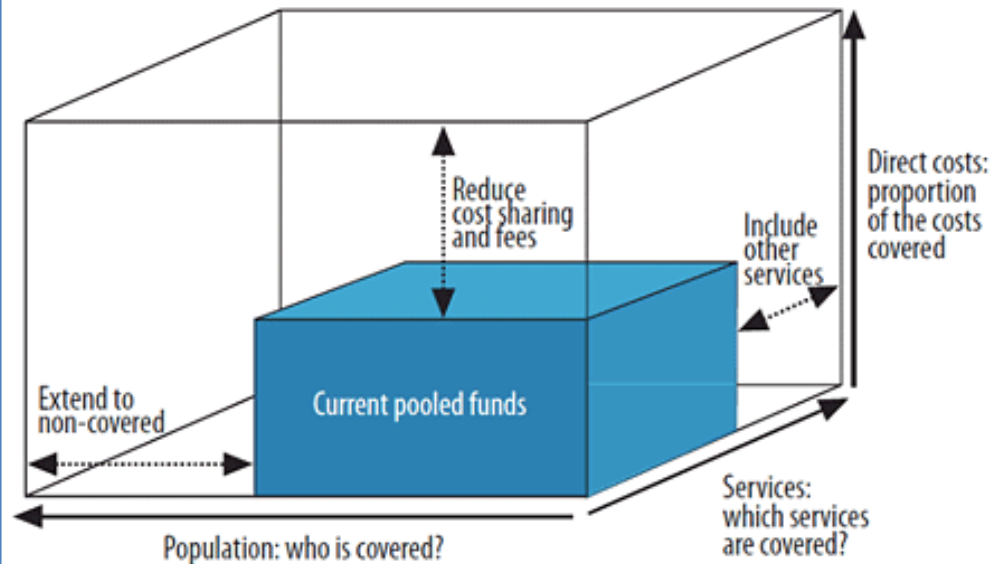
Mundial de la Salud

Universal Health Coverage

Universal Health Coverage

1. Ensure access to quality care;
2. When it is needed;
3. Without suffering financial hardship

→ Maximize population coverage of services that provide “value for money”



Three dimensions to consider when moving towards universal coverage



Universal Health Coverage

SUSTAINABLE DEVELOPMENT GOALS



Universal Health Coverage

“Universal Health Coverage is the most powerful concept that public health has to offer.”

- Margaret Chan, WHO (2012)

African Health Ministers commit to attain universal health coverage

Victoria Falls, Zimbabwe, 30 August 2017 - African health ministers meeting in Zimbabwe for the 67th Session of the World Health Organization (WHO) Regional Committee have adopted a range of actions intended to strengthen health systems in countries and eventually lead to Universal Health Coverage (UHC).

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It enables everyone to access the services that address the most important causes of disease and death, and ensures that these services are of sufficient quality to be effective.

Universal Health Coverage

- Dimensions

- **What services?**

- Who will receive?
(coverage)

- How much will be paid?

- All services?

- Everyone, regardless of precondition

- Minimized user fees

Identifying Key Services

Manage Cancer

'Best buys' and other recommended interventions

'Best buys': effective interventions with cost effectiveness analysis (CEA) \leq \$100 per DALY averted in LMICs



Vaccination against human papillomavirus (HPV) in 9-year old girls

Prevention of cervical cancer by screening women aged 30–49, either through:

Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions²²

Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions²³

Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions²⁴

Effective interventions with CEA $>$ \$100 per DALY averted in LMICs



Screening with mammography (once every 2 years for women aged 50–69 years) linked with timely diagnosis and treatment of breast cancer²⁴

Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy

Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy

Treatment of breast cancer stages I and II with surgery +/- systemic therapy.

Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicine²⁵

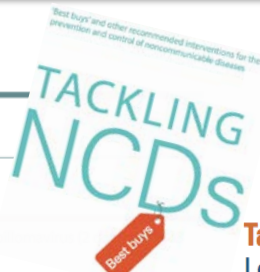
Other recommended interventions from WHO guidance (CEA not available)



Prevention of liver cancer through hepatitis B immunization

Oral cancer screening in high-risk groups (for example, tobacco users, betel-nut chewers) linked with timely treatment

Population-based colorectal cancer screening, including through a faecal occult blood test, as appropriate, at age $>$ 50, linked with timely treatment



Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from *Disease Control Priorities*, 3rd edition



Hellen Gelband, Rengaswamy Sankaranarayanan, Cindy L Gauvreau, Susan Morton, Benjamin O Anderson, Freddie Bray, James Cleary, Anna J Dane, Lynette Denny, Mary K Gospodarowicz, Sumit Gupta, Scott C Howard, David A Jeffery, Felicia Knaul, Carol Levin, Linda Rabeneck, Preetha Rajaraman, Terrence Sullivan, Edward L Trimble, Prabhat Jha, for the Disease Control Priorities-3 Cancer Author Group*

Table 1.5 Approximate Per Capita Marginal Costs of the Essential Package for Low-Income, Lower-Middle-Income, and Upper-Middle-Income Countries (2012 U.S. dollars)

Intervention	Low-income	Lower-middle-income	Upper-middle-income
Comprehensive tobacco control measures	0.05	0.07	1.06
Palliative care and pain control	0.05	0.06	0.06
HBV vaccination	0.08	0.04	0.04
Promote early diagnosis and treat early-stage breast cancer	0.43	0.43	1.29
HPV vaccination	0.23	0.23	0.40
Screen and treat precancerous lesions and early-stage cervical cancer	0.26	0.29	0.87
Treat selected childhood cancers	0.03	0.03	0.09
Subtotal	1.13	1.15	3.81
Ancillary services (50% of subtotal)	0.57	0.58	1.91
TOTAL COSTS	1.70	1.73	5.72

Source: Based on online annex 1A and Horton and Gauvreau 2015, annex 16A.

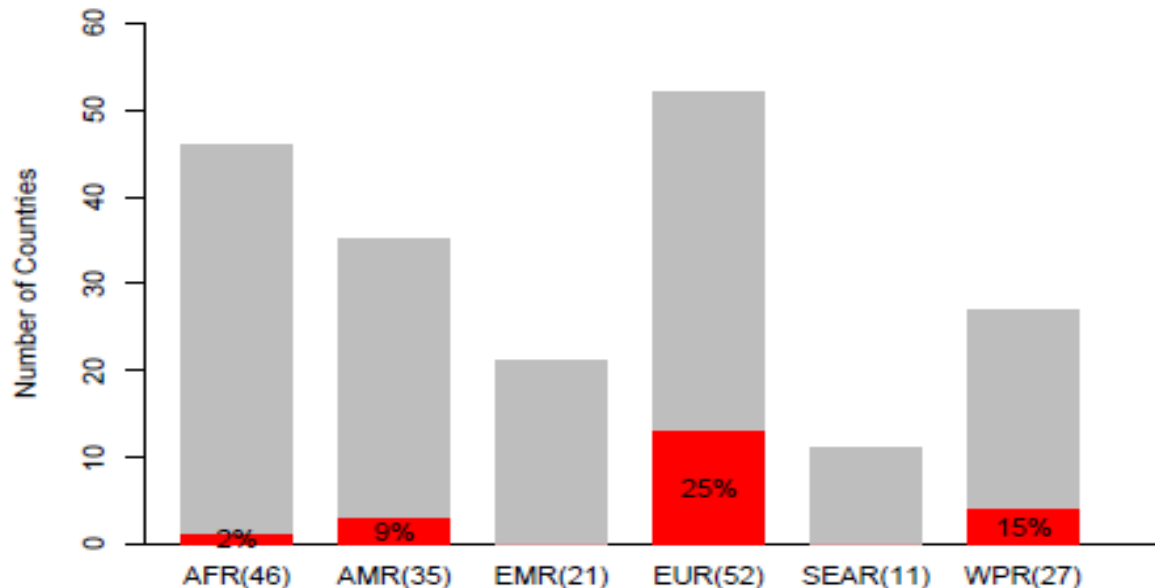
Note: HPV = human papillomavirus; HBV = hepatitis B virus.

Identifying Key Services

Services available & Coverage >50%

- Vaccination
- Cervical screening
- Pathology
- Treatment at a cancer centre
- Radiation therapy
- Surgery
- Chemotherapy

Number of Countries with All 7 Interventions by Region



Best Buy
CEA ≤ \$100

Effective interventions
CEA > \$100

Universal Health Coverage

- Dimensions

- What services?



- All services?

- **Who will receive?
(coverage)**



- Everyone, regardless of precondition

- **How much will be paid?**

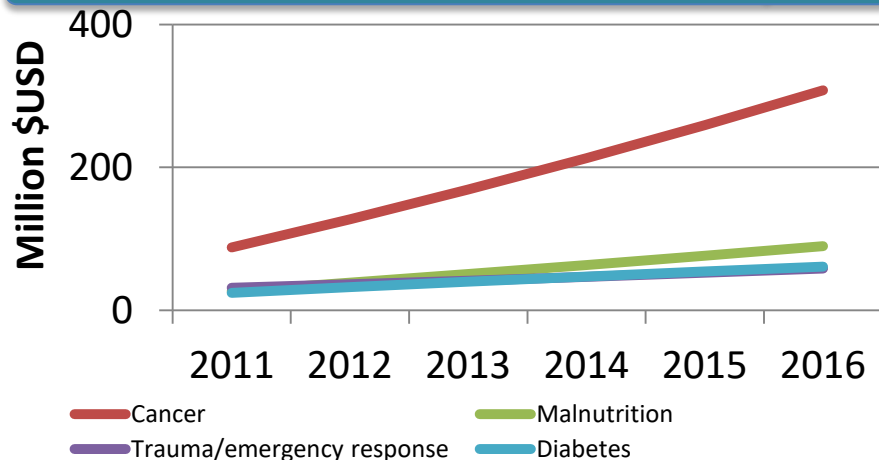


- Minimized user fees

Promoting Strategic Investments

- Costs of cancer care
 - Costs rising rapidly
 - Already strained with limited financial resources (5-11% THE)
 - Lack specific budgetary process

Lower-middle-income country



- Improve financing mechn
 - Individuals: bear large % of costs
 - Focus on domestic resources

Country	Financial catastrophe	Other impact
India	32%	76% financial harm
Haiti	>66%	91% income
VietNam	78%	Particularly elderly
Malaysia	48%	
China	21-75%	Depends on region
South Korea	40%	
US	12%	Depends on insurance



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Organización
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Promoting Strategic Investments

- Costs of cancer care

- Costs rising rapidly

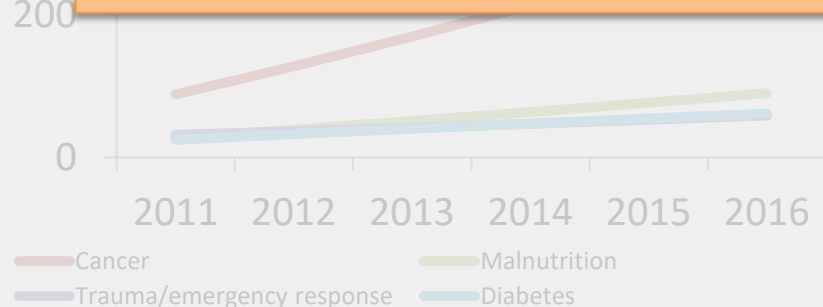
Improve financing mechanisms

- Individuals: bear large % of costs; high risk of financial catastrophe

Implementation Steps

1. Define cancer packages based on health system context
2. Improve cancer planning
3. Ensure monitoring & quality

Million \$USD



VietNam	78%	Particularly elderly
Malaysia	48%	
China	21-75%	Depends on region
South Korea	40%	
US	12%	Depends on insurance

Step 1: Define Core Package of Services

Scenario: government allocates \$100 million to cancer

What services to cover? Where? How?

Where are we now?


Screening/early diagnosis:

- Prioritizing screening when inaccessible diagnosis / treatment

Treatment:

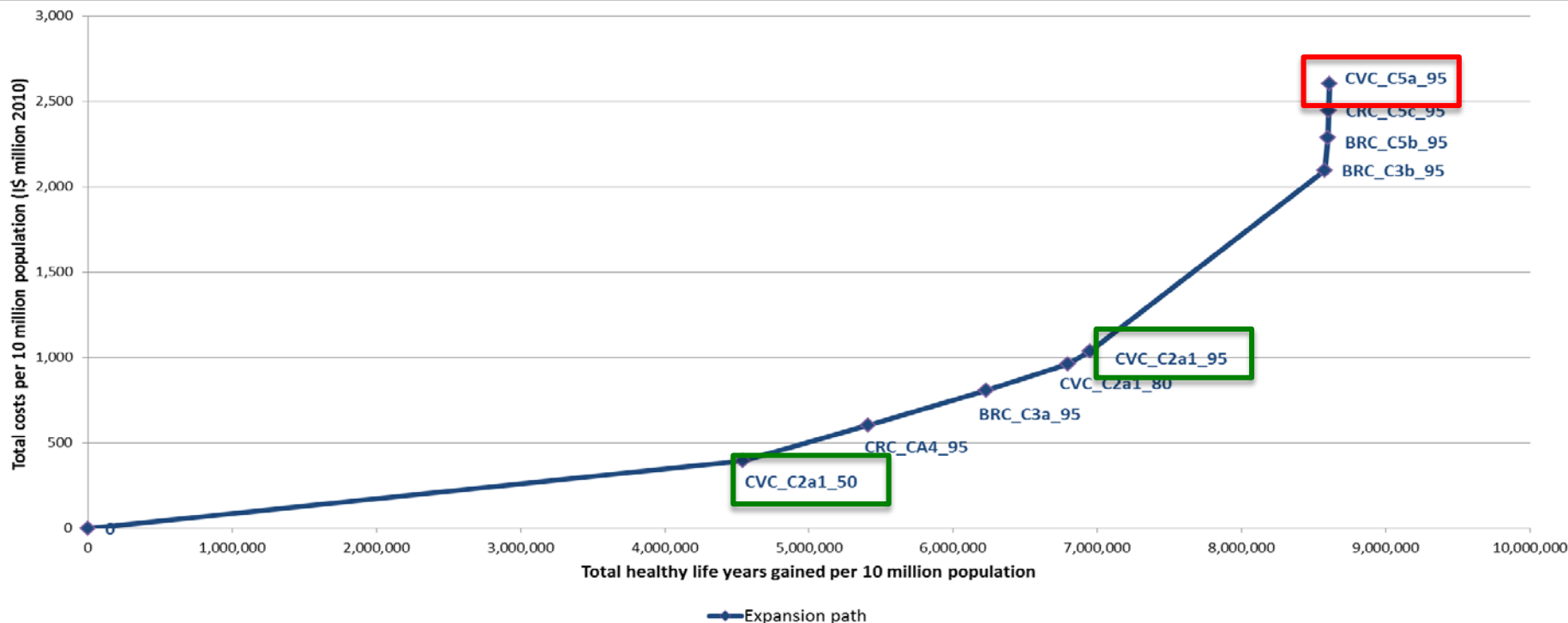
- Focus on high-cost medicines for metastatic disease
- No HTA mechanism
- Shortages/inaccessible treatment

Scenario (10 million population)	Advanced stage	Early Stage
High-cost interventions	100 lives saved \$1000	
Low cost, High impact, Coordinated care		



WHO working with governments to identify priority package of services to be financed/implemented

Step 1: Define Core Package of Services



Expanding coverage is generally more efficient at improving outcomes **vs.** introducing new services

Step 2: Improve Cancer Planning

- OECD Cancer Care (2013)

1. Governance

- **NCCP** (targets, timeframe, M&E, case management, networks)

2. Resources

- National expenditure
- # of CT scanner
- Cancer centre/million

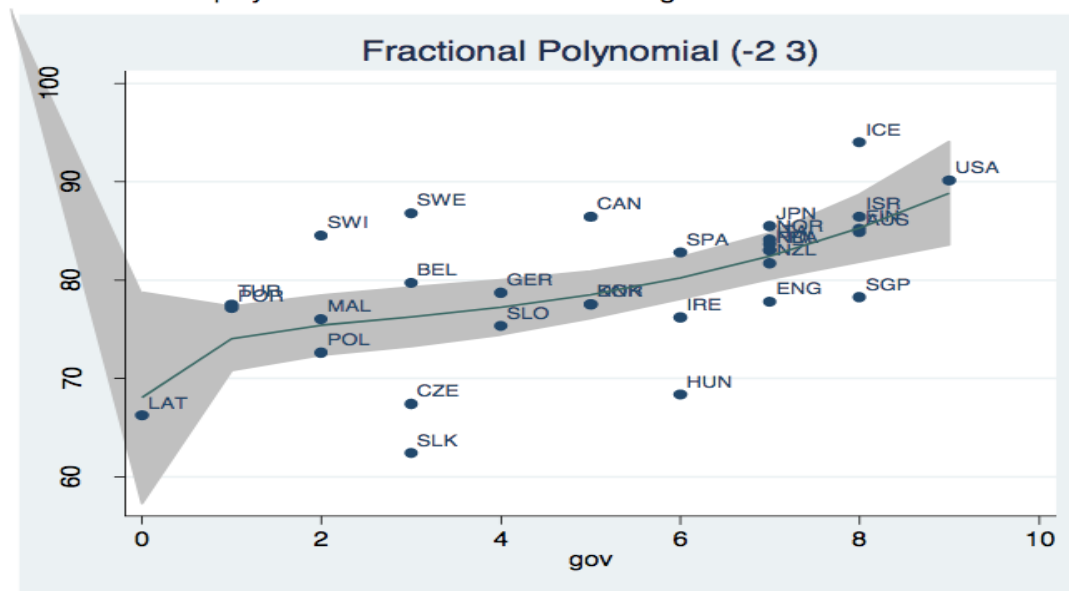
3. Practice

- Cancer screening
- Short referral & waiting times
- Adherence to guidelines/optimal treatment

OECD Health Policy Studies
Cancer Care
ASSURING QUALITY TO IMPROVE SURVIVAL



Fractional polynomial model for breast cancer governance characteristics



Step 2: Improve Cancer Planning

Starting Age for Breast Cancer Screening

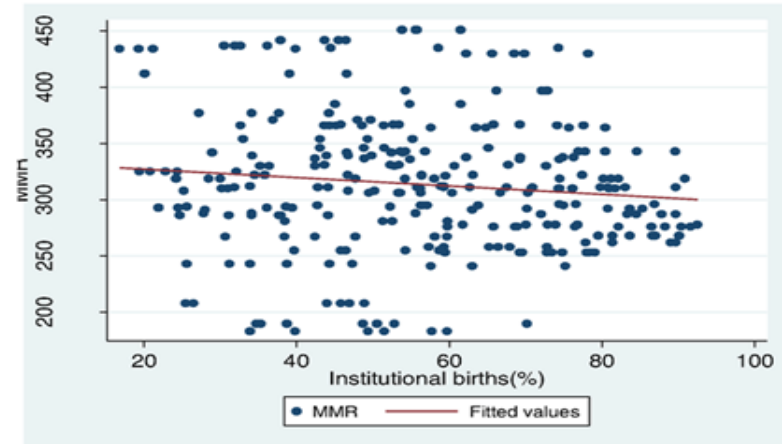
Income level	<20	20-29	30-39	40-49	50+	% CBE
LIC	2	4	4	1	0	92%
LMIC	4	2	9	11	2	69%
UMIC	2	3	7	12	12	28%
HIC	1	1	1	18	28	14%

Step 3: Prioritize Quality

“What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?”

-Dr Margaret Chan
Immediate Past
Director General, WHO

Figure 3. plot of MMR and proportion institutional births.



Randive B, Diwan V, De Costa A (2013) India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality? PLoS ONE 8(6): e67452
doi:10.1371/journal.pone.0067452
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0067452>

Step 3: Prioritize Quality

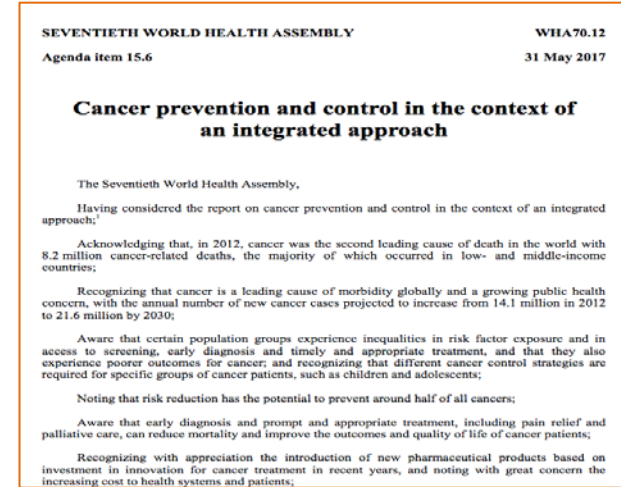
“What Gets Measured, Gets Done”
15-25% survival difference = 1-2 mil lives/year

Why?

- Failure to organize, coordinate service
- Limited workforce expertise
- Out-dated practice guidelines
- Not timely or geographic accessibility

Next Steps: WHA Cancer Resolution 2017

- **Resolution 2017:**
Cancer prevention and control in the context of an integrated approach
 - 18 sponsors and >40 countries & 11 NGOs speaking in support of the resolution
- Calls on **all partners** to assist with implementation
 - Includes public-private partnerships



Brazil	USA	Panama
Colombia	India	Peru
France	Luxemb'rg	Congo
Russia	Malaysia	Nigeria
Thailand	Canada	Georgia
Zambia	Costa Rica	++

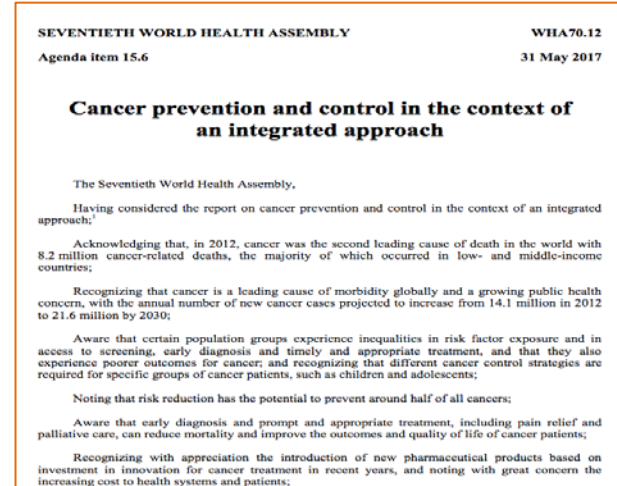
WHO Activities

- Initiatives, documents & tools

- 1) Cervical cancer elimination
- 2) Global childhood cancer initiative

- 1) Improving access to cancer medicines
- 2) Operationalizing pathology labs
- 3) Guide to Effective Decision-Making in Cancer Screening

- 1) Prioritization & costing tool
- 2) Health workforce policy dialogue
- 3) Building capacity in Priority Medical Devices



Summary

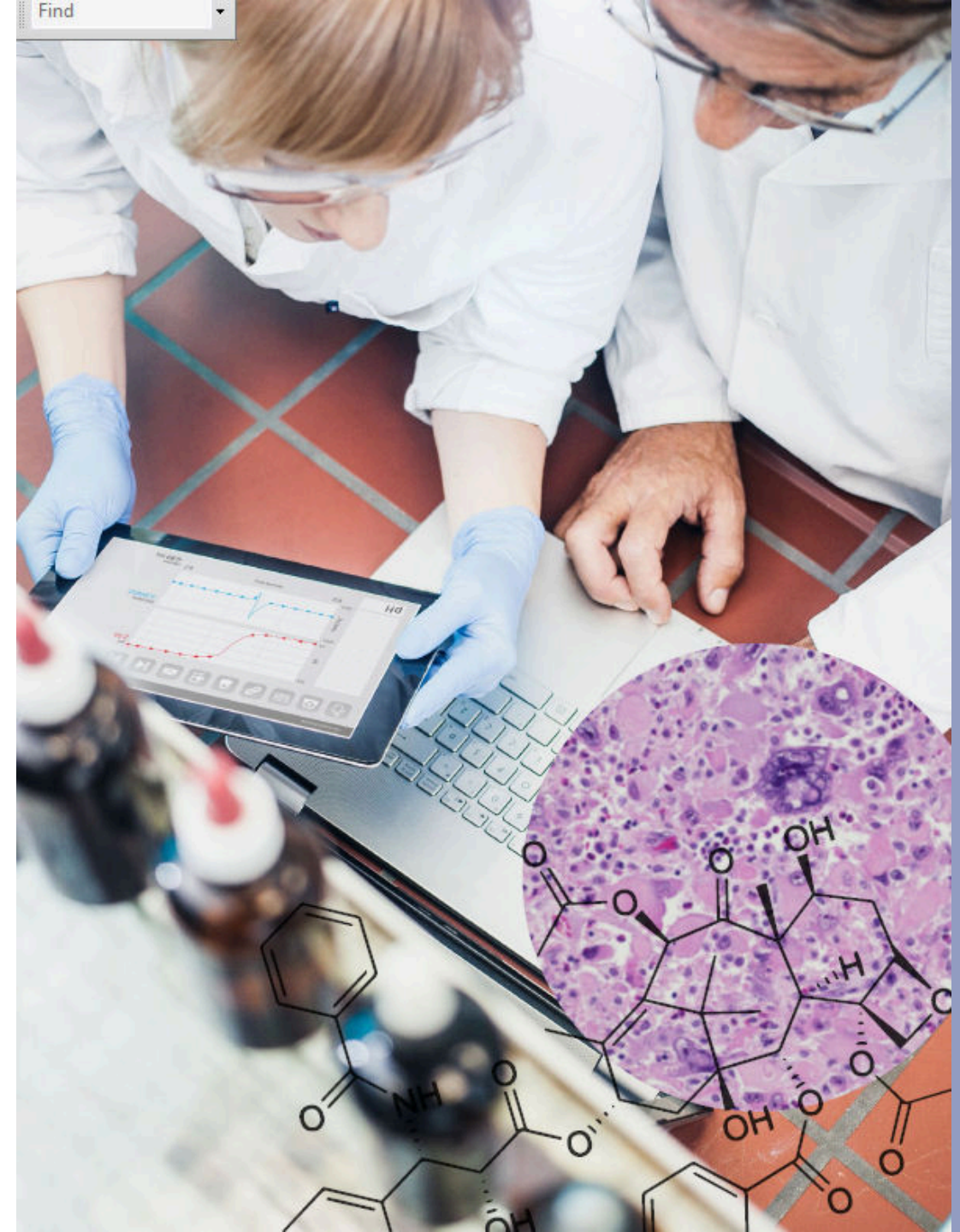
- UHC
 - Must include cancer programmes
 - Improves quality and coverage
- WHO global cancer policies
 - WHA resolution: unique opportunity to advance cancer agenda; WHO developing tools
 - Promote access to cancer care as part of UHC

THANK YOU

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Role of Pharmaceutical Companies in Cancer Control Measures through UHC

Thomas Cueni
Director General, IFPMA



IFPMA's Leadership Role

Mission and Vision

VISION

**IFPMA is the voice for
biopharmaceutical innovation
and health progress around the
world**

MISSION

**To promote policies, dialogues
and initiatives that encourage
the discovery of and access to
medicines and vaccines globally**

"Who we are"

Thought leader

*Share expertise in key fora about
innovation, regulatory and health policy
issues*

Solutions partner

*Tackle health challenges responsibly and
collaboratively, to improve health outcomes*

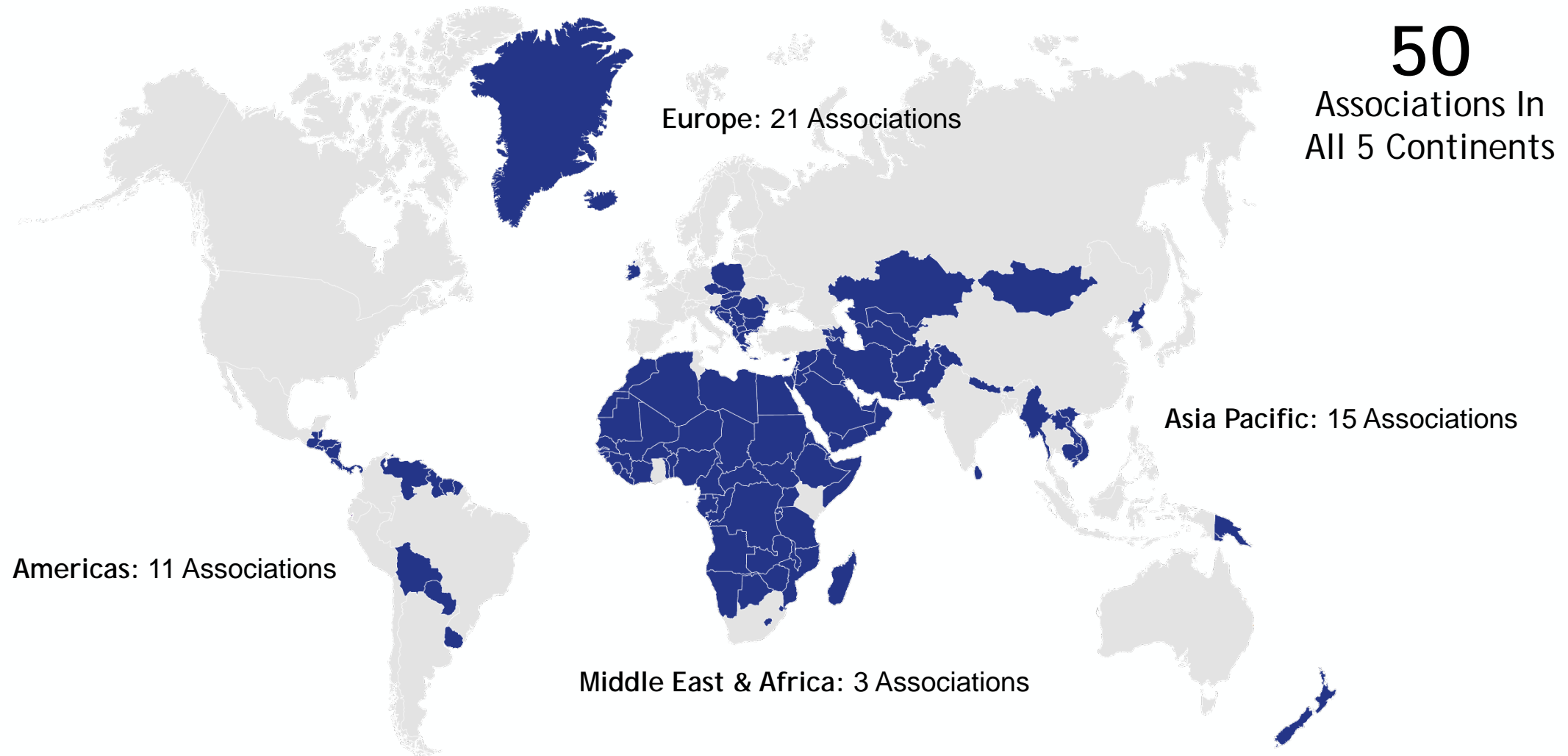
Convener

*Build bridges within and across sectors to
advance mutual goals and gain trust*

IFPMA members | Companies



IFPMA members | Associations



Great advances in cancer care – but fight is far from over

CANCER

IN THE FUTURE...

Jane hopes that targeted therapies will be developed that can defeat all hard-to-treat and metastatic cancers. Immuno-oncology therapies offer hope that people's own immune systems can destroy all types of cancer cells, preserving healthy cells.

PRESENT DAY...

JANE'S BREAST CANCER JOURNEY

Jane discovers a lump in her breast and is diagnosed with breast cancer. The tumor is removed, followed by a course of chemotherapy, after which she undergoes hormone therapy to reduce the risk of it returning.

FIFTY YEARS AGO...

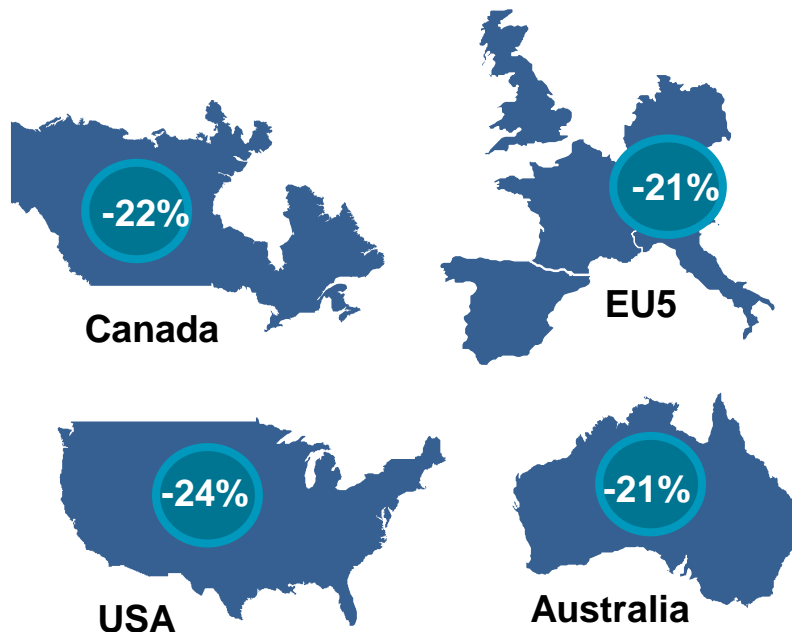
In 1968, Jane would have undergone a radical mastectomy, surgically removing the entire breast and much of the underlying musculature, and her cancer would still have a high likelihood of returning.

In the past 50 years the understanding of cancer has advanced considerably...

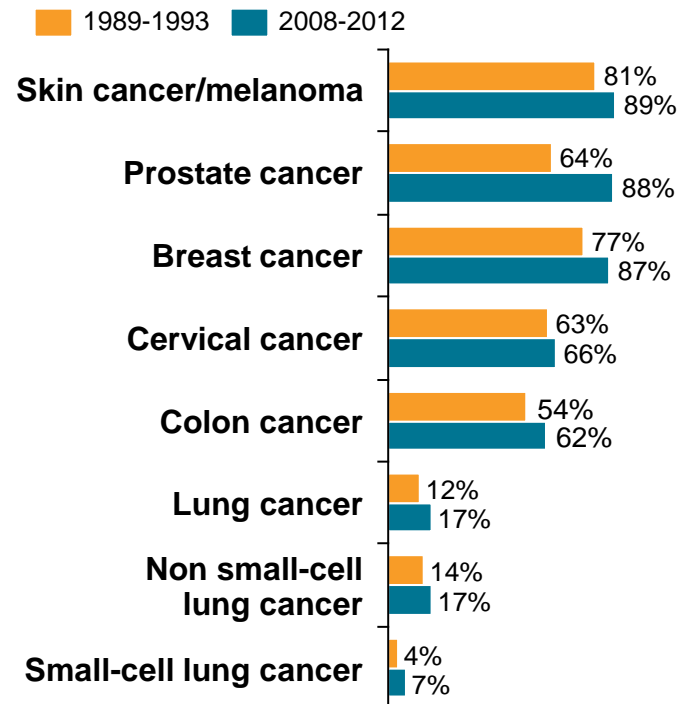
...but cancer remains the second leading cause of death globally.

Today, in developed countries, 2 out of 3 people diagnosed with cancer survive at least five year

Percent change in mortality rates for all cancers (1991-2011)²



Five-year survival rates for various cancers (1989-1993 vs 2008-2012)³



Approximately 83% of survival gains in cancer are attributed to new treatments

An effective research ecosystem delivers significant improvements and discoveries in patients' care

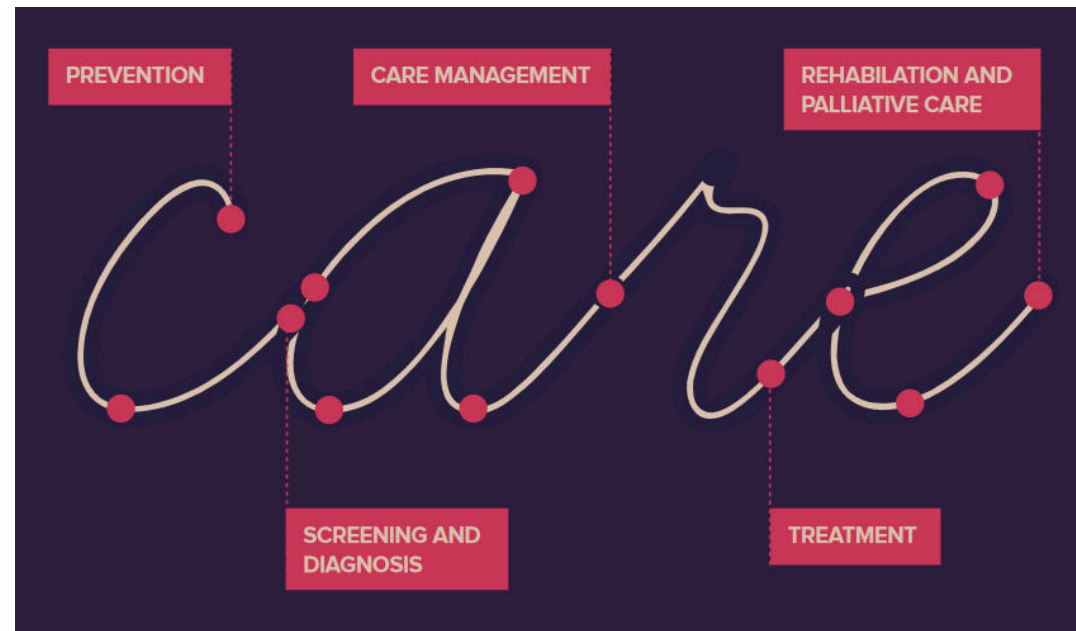


Research into the role of the body's immune system

There are over 1,900 drugs in development for treating cancer

It is challenging to combat the more than 200 different forms of cancer

Strengthening healthcare systems to overcome challenges in cancer care



Numerous factors impede efficient cancer care

Holistic and intersectoral healthcare strengthening

Universal Health Coverage needed.

In developed health systems, spending on cancer medicines is a small fraction of overall health expenditures



In the E.U.

- Spending on cancer medicines represents only **1%** of overall health care spending

Similarly in the U.S.

- Cancer drug costs represented about **1%** of total US national health expenditures in 2016.

In vulnerable health systems, underinvestment in healthcare systems results in disproportionate out-of-pocket spending on pharmaceuticals

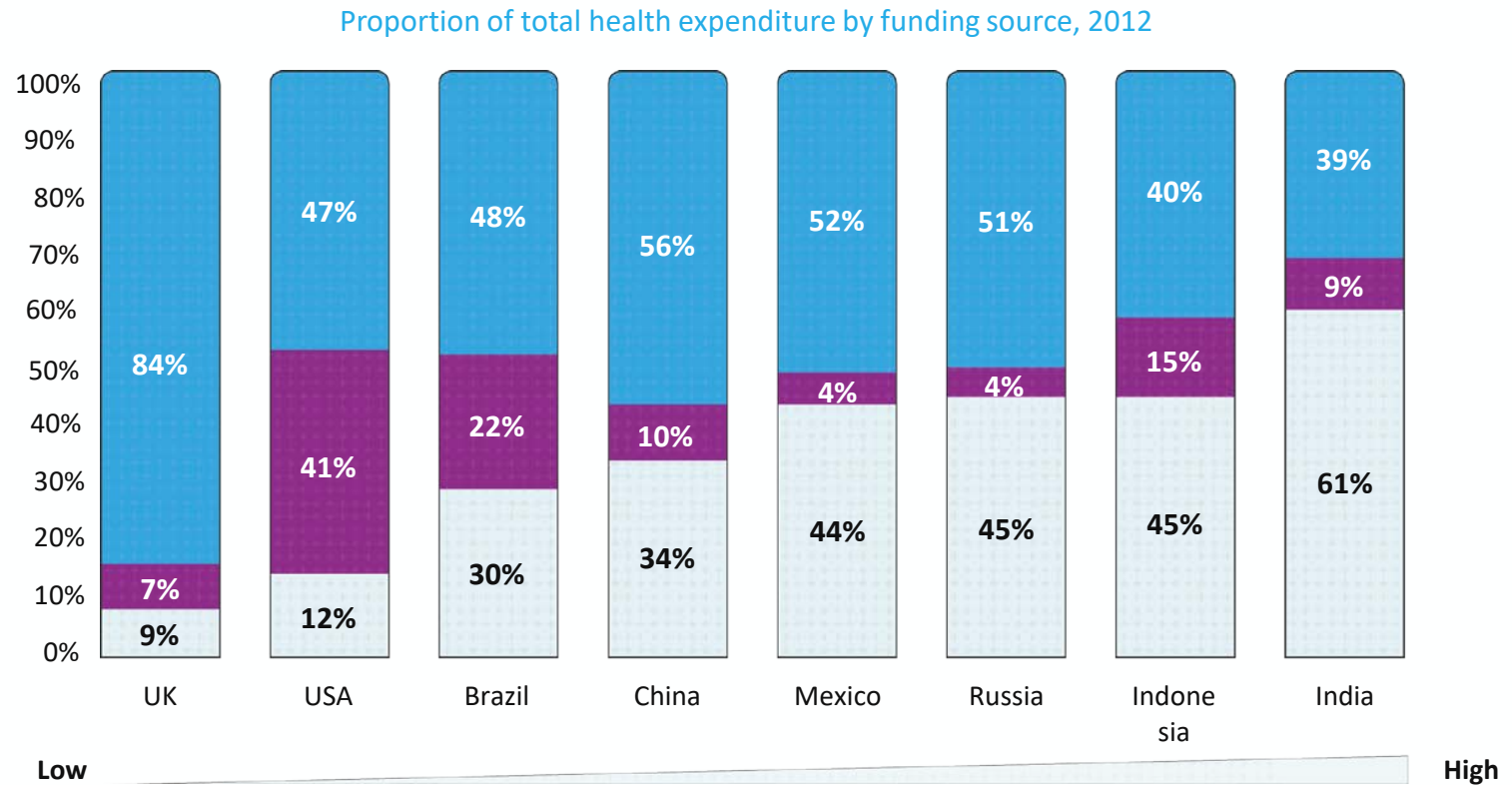
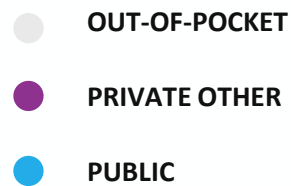
	High-income countries	Low income countries	Lower middle income countries
Spending on healthcare (% GDP)	12,4%	5,7%	4%
Out-of-pocket spending on pharmaceuticals	13,4%	35,7%	57,9%



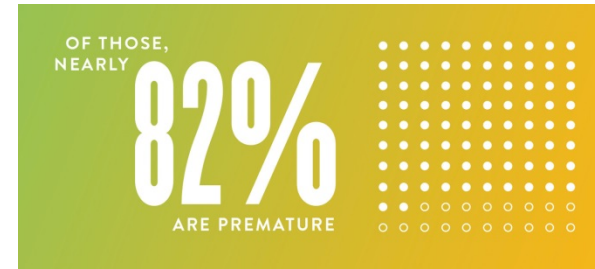
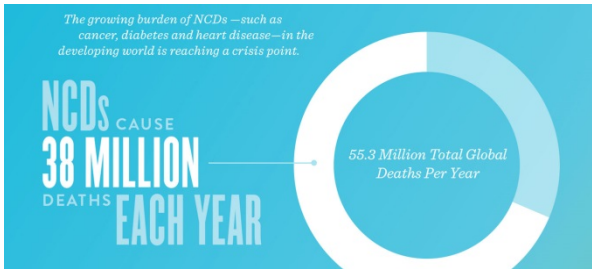
Identifying mechanisms to ensure patients avoid paying for medicines out of pocket

Out-of-pocket expenditure on health:

- Is a key barrier to UHC.
- Can deepen poverty rates.



Non-Communicable Diseases (NCDs) call for new collaborative solutions



**Pioneering
multi-
stakeholder,
multi-sectoral
approaches**

**Sharing of
resources,
experience,
and capacity**

**Making
“health in all
policies”
a reality**

The world is working together on NCDs

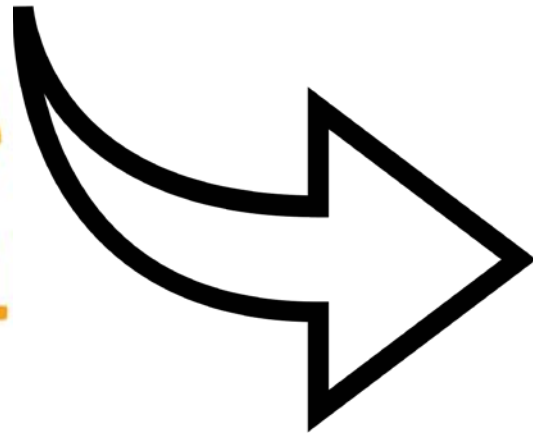


- 3rd UN High-level meeting on NCDs
 - Updated framework for world to reduce premature mortality from NCDs in all contexts covering the period 2018-2030
 - Stepping stone for anticipated UN High Level Meeting on UHC in 2019
- Accelerating progress towards UHC is essential to ensure health and wellbeing of all

The Pharmaceutical Industry and Universal Health Coverage (UHC)



UHC

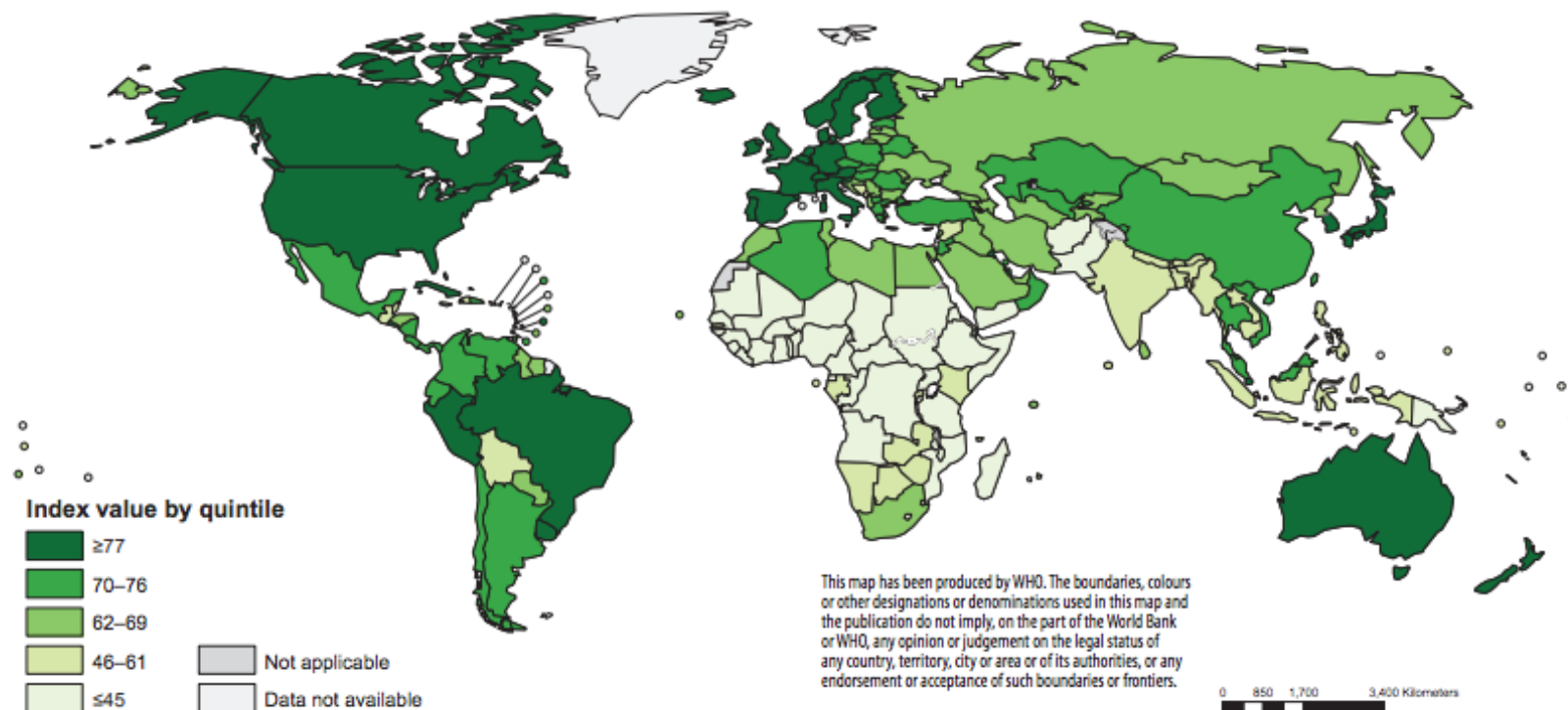


UHC and strong sustainable health systems result in healthier and more productive societies

The biopharmaceutical industry is a solution partner to achieve **SDG 3** through health systems strengthening

Significant gaps remain in effective service coverage: building sustainable health systems

Fig. 1.3. UHC service coverage index by country, 2015, for monitoring SDG indicator 3.8.1



Source: WHO and World Bank, [‘Tracking Universal Health Coverage: 2017 Global Monitoring Report’](#), 2017

The R&D-based biopharmaceutical industry redoubles its strong commitment to fostering UHC



The pharmaceutical industry is a solution oriented partner: partnerships are improving health care delivery and outcomes for patients



Pharmaceutical industry brings expertise, innovation and strong convening power to strengthen health systems



AA brings stakeholders together, underscoring pharmaceutical industry's active engagement in improving access

AA is evidence of concrete action to reduce barriers to NCD prevention, treatment and care in LMICs

AA takes a people centred approach in line with national priorities in all AA focus country work

ACCESS ACCELERATED

Moving NCD Care Forward

Access Accelerated is a public-private collaboration, committed to achieve the United Nations Sustainable Development Goals and the target to reduce premature deaths from NCDs by one third by 2030.



THE
WORLD
BANK



BOSTON
UNIVERSITY



Company Programs and Initiatives



bvgh



NCD Alliance
PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA



PATH



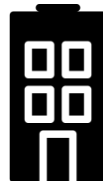
WORLD HEART
FEDERATION*



Sustainable Development Goal 3



Advance **sustainable progress** on NCDs and the SDGs



Leverage the power and **expertise of industry**



Partner with others to understand and **address systematic barriers**



Improve outcomes for **patients**

Cooperation with WHO



Moving NCD Care Forward



IFPMA and AA are developing technical collaborations with WHO to strengthen health systems:

Diabetes and breast cancer capacity building initiatives under development with WHO to be piloted in two AA focus countries: Kenya and Ghana

For the first time representatives of the pharmaceutical industry jointly convened a consultation on supply chain strengthening with WHO and UNICEF



Next Steps?

Long term commitment needed

Supply chain, health workforce training, prevention and diagnostics, awareness, sustainable financing

Bring all stakeholders together to develop appropriate and sustainable solutions

Thank you!



@IFPMA
@NCDAccess
@ThomasCueni



IFPMA.org
AccessAccelerated.org



Realizing UHC for Cancer through Public-Private Partnerships

Peter Sandor
Vice President, Oncology
Astellas

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- The views and opinions expressed in this presentation are my own and do not necessarily represent those of Astellas Pharma, Inc. or its affiliates.
- This material includes forward-looking statements based on assumptions and beliefs in light of the information currently available to the company and subject to significant risks and uncertainties.
- This material contains information on pharmaceuticals (including compounds under development), but this information is not intended to make any representations or advertisements regarding the efficacy or effectiveness of these preparations, promote unapproved uses in any fashion nor provide medical advice of any kind.

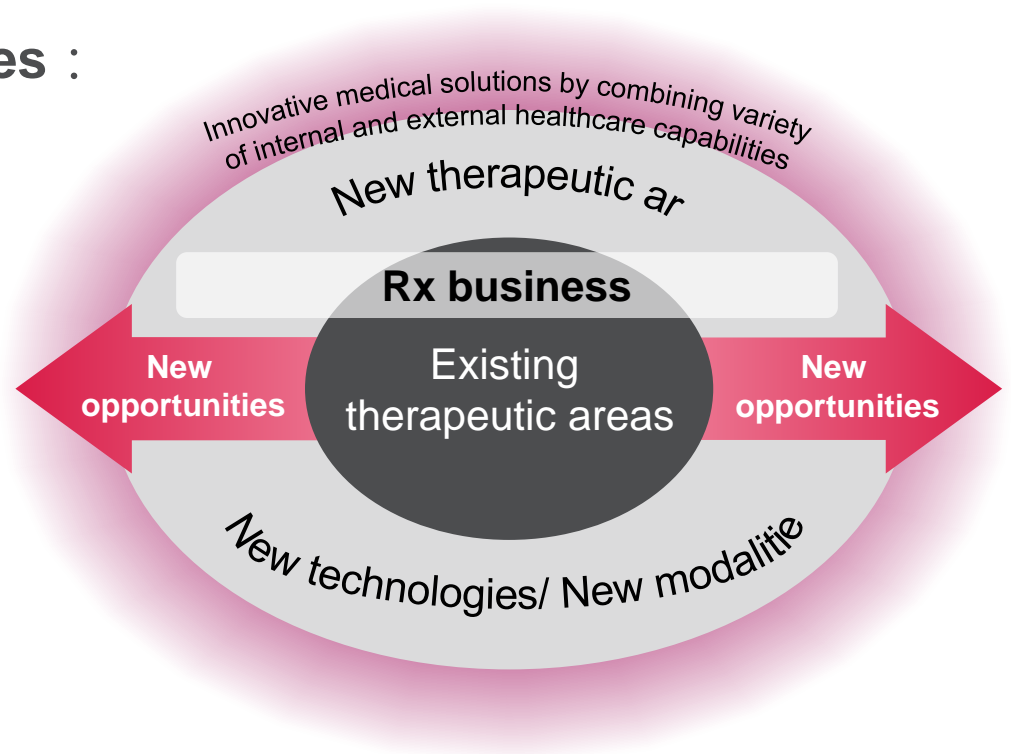
VISION

3

*Turn innovative science into value for patients
on the forefront of healthcare change*

Turn changes into opportunities :

Create innovative new drugs and
medical solutions by leveraging our
core capabilities



RECENT RESEARCH COLLABORATIONS

4

Network of external partnerships to drive innovation



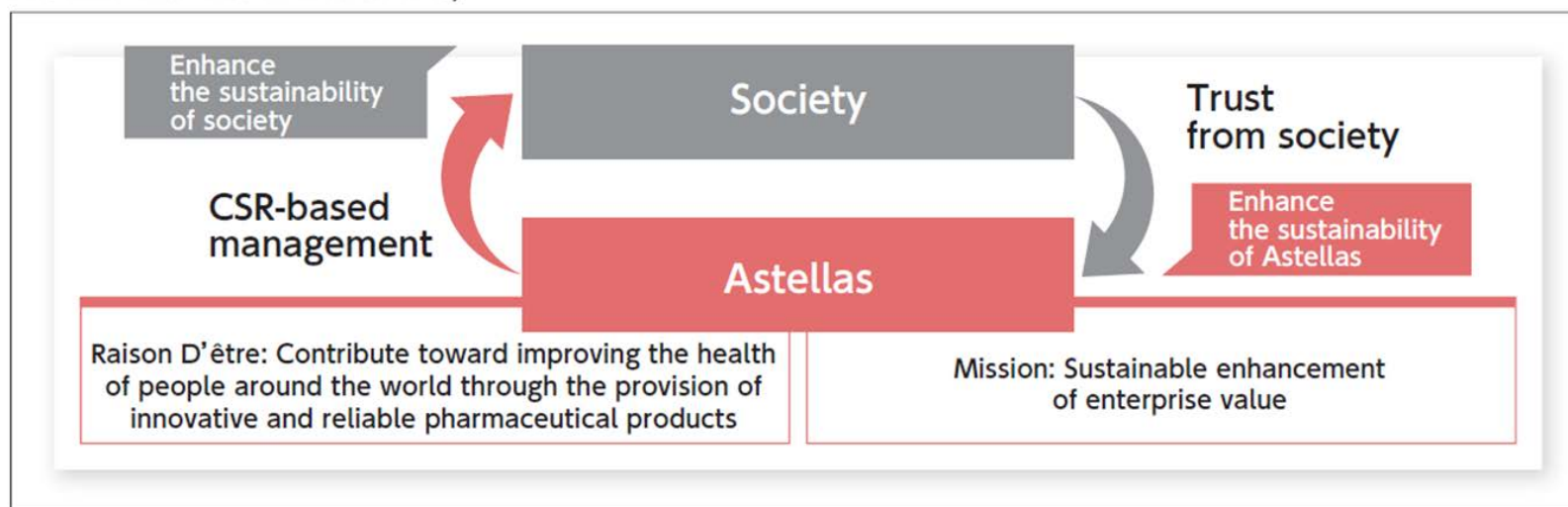
*Gene therapy for retinitis pigmentosa

FULFILLING OUR SOCIAL RESPONSIBILITY MEANS THE REALIZATION OF BUSINESS PHILOSOPHY

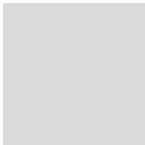
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	Value for Society	Value for Astellas
Value Creation	<ul style="list-style-type: none"> Supporting healthy living for people through the creation of innovative drugs Return to stakeholders 	<ul style="list-style-type: none"> Strengthening R&D capabilities by reinvesting profits Creating new business opportunities
Value Protection	<ul style="list-style-type: none"> Mitigating impact on climate change and preserving biodiversity by reducing environmental burden Maintaining social order by ensuring compliance and taking measures to prevent corruption 	<ul style="list-style-type: none"> Mitigating reputation risk Elevating corporate brand

Astellas' Interaction with Society



THREE POSSIBLE WAYS TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT



Types of business activities	Examples of activities
#1 Contribution through the value of products and services	Creating innovative medicines
#2 Sustainable and Ethical behavior in value chain which produces products and services	Respecting human rights, Decent work Consumer protection Environmental conservation, Proper consideration to a local community
#3 Contribution outside of the value chain as partial return of companies' profits to the society	Strengthening healthcare system

6

Business activities which contribute to sustainable development

LEVERAGE STRENGTHS, TECHNOLOGIES AND EXPERTISE TO CONTRIBUTE TO BETTER GLOBAL HEALTH

7

Creating Innovation

- Innovative medicines to satisfy unmet medical needs
- Social benefit-driven research and development

Enhancing Availability

- Management of Intellectual Property
- Expanded access to investigational medicines
- Supply chain management
- Patient assistance program

Strengthening Healthcare System

- Improving quality of care
- Technology transfer including capacity building

Improving Health Literacy

- Increasing awareness and patient education

WHAT DO YOU THINK IS NEEDED TO BE DONE IN YOUR COUNTRY IN ORDER TO IMPROVE PATIENTS' ACCESS TO HEALTH?

Recent survey through the Astellas Regional Offices (11 countries)

Most frequently mentioned themes

- #1 “patient access scheme”
- #2 non-drug (testing) and information support for patients
- #3 early involvement in drug development

ENHANCING AVAILABILITY - PATIENT ACCESS PROGRAMS IN ASIAN COUNTRIES

9

- Patient Assistance Initiatives in multiple Asian countries
- Involving both Government and Private partners and agencies
- Typically patient income related programs

STRENGTHENING HEALTH CARE SYSTEM – C/CAN 2025

10

Public Private Partnership to address SDG Goals 3 (UHC), 11 (Sustainable Cities and 17 (Partnership for the goals)

UICC and it's partners launched it in January 2017.

C/Can 2025: City Cancer Challenge is a **multi-sectoral** initiative **supporting cities** to take the lead in the design, planning and implementation of cancer treatment solutions.

C/Can 2025 aims to increase the number of people with **access to quality cancer treatment** in cities around the world through a network of motivated partners including city leaders, governments, NGOs, UN agencies, and domestic and international businesses.

As part of the Value Proposition “creating access possibilities for patients”, Astellas Farma Colombia has been supporting public health policy related to the implementation of the Integral Health Model (implementation of the Functional Cancer Care Units (UFCA) at the *Hospital Universitario del Valle*)

Astellas:

- Offer peer support training and charitable grants for patients' associations
- Website designed to stimulate dialogue and create opportunities to share information and ideas across patient communities

Other pharmaceutical companies:

- Novo Nordisk: drive awareness of the benefit of earlier diabetes diagnosis under "Changing Diabetes Initiative"
- Sanofi: "Schoolchildren against Malaria" program provides educational tools for teachers and children in Africa to teach the basics of malaria.

2018 C³ PRIZE: CHANGING CANCER CARE



- The Astellas Oncology C³ Prize is a global challenge designed to **inspire innovative non-treatment ideas** that may improve the lives of cancer patients, caregivers, and their loved ones.
- This year's challenge focuses on solutions for cancer care **in low- and middle-income countries**, which bear a disproportionate burden of the global cancer epidemic.
- The Category Winners are competing to win one grand prize grant of \$50,000 USD. To encourage innovation across all three categories – support tools, education tools and technology – both the second and third prize winners will receive grants of \$25,000 USD.



2018 C³ PRIZE: CELEBRATING THREE YEARS OF CHANGING CANCER CARE



July 25: Submission period closed

- Over 70 applications from over 20 different countries

May 31: 3rd Annual C³ Prize Challenge Launches at ASCO

- Special focus on cancer care solutions in low- and middle-income countries
- New categories for submissions: Educational Tools, Support Tools & Technology

Sept. 21: Category Winner and Bill & Giuliana Rancic partnership announcement



Oct. 3 – 4: C³ Prize Live Pitch, Facebook Live Event & Grand Prize Winner announcement



Astellas Oncology Announces C³ Prize® Celebrity Partnership and Category Winners

- Bill and Giuliana Rancic to Lend Expertise, Passion and Personal Cancer Experience to Inspire Fellow Entrepreneurs
- C³ Prize Category Winners will compete for the Grand Prize during a live event at the Union for International Cancer Control (UICC) World Cancer Congress on October 3 in Kuala Lumpur, Malaysia



SUMMARY

14

Various types of patient support programs have been conducted by pharmaceutical companies in Asia

Collaboration with appropriate partners is crucial to address programs efficiently

Not only financial support, but educational support for patients and healthcare professionals is important

Astellas will continue to advance Access to Health by engaging in initiatives in areas where improvements are needed for healthcare.

It is our basic policy to develop the compounds also in Asian countries as early as possible

*Turn innovative science into
value for patients*





Sponsored session

What does UHC mean for cancer treatment? Outlook based on the WHO Cancer Resolution of 2017

Organised by



Fundamental Issues on Development of Universal Health Coverage (UHC) in Asia Pacific Region

- 1. Regional variation of environmental, cultural and social background**
- 2. Insufficient cancer statistics based on the standardized cancer registry system**
- 3. Variable age distribution in each communities and necessity of life-stage specific cancer control strategies**
- 4. Relatively high costs of cancer medicine and medical equipment, especially for low & middle income countries**
- 5. Sustainable strategic direction of cancer control from prevention to diagnosis/treatment & patients care**
- 6. Dissolution of cancer stigma caused by misconception and insufficient knowledge**

Three Dimensional Strategic Directions for Worldwide Practical Cancer Control Program (WPCCP)

