Universal Health Coverage

A Political Commitment
Requiring Action by All

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World Health Organization
ilbawia@who.int

Conflicts of interest:
Nothing to Disclose
Where are we now?

<table>
<thead>
<tr>
<th>Scenario (10 million population)</th>
<th>Advanced stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low coverage (30%)</td>
<td>100 lives saved</td>
</tr>
<tr>
<td>Low quality services</td>
<td>$1000</td>
</tr>
<tr>
<td>Fractured care</td>
<td></td>
</tr>
</tbody>
</table>

Governments do finance cancer care

Improve care through 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”
“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

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)

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

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

Best Buy
CEA ≤ $100

Effective interventions
CEA > $100
Universal Health Coverage

• Dimensions
  • What services?

• Who will receive? (coverage)
  • How much will be paid?

• All services?
  • Everyone, regardless of precondition
  • 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

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Financial catastrophe</th>
<th>Other impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>32%</td>
<td>76% financial harm</td>
</tr>
<tr>
<td>Haiti</td>
<td>&gt;66%</td>
<td>91% income</td>
</tr>
<tr>
<td>VietNam</td>
<td>78%</td>
<td>Particularly elderly</td>
</tr>
<tr>
<td>Malaysia</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>21-75%</td>
<td>Depends on region</td>
</tr>
<tr>
<td>South Korea</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>12%</td>
<td>Depends on insurance</td>
</tr>
</tbody>
</table>
Promoting Strategic Investments

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

Implementation Steps

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

Improve financing mechanisms
- Individuals: bear large % of costs; high risk of financial catastrophe
- Prioritize high-impact, low-cost programmes
- Focus on domestic resources

<table>
<thead>
<tr>
<th>Country</th>
<th>% Financial Harm</th>
<th>Impact</th>
</tr>
</thead>
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<tr>
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</table>
Step 1: Define Core Package of Services

Scenario: government allocates $100 million to cancer

What services to cover? Where? How?

<table>
<thead>
<tr>
<th>Scenario (10 million population)</th>
<th>Advanced stage</th>
<th>Early Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-cost interventions</td>
<td>100 lives saved $1000</td>
<td></td>
</tr>
<tr>
<td>Low cost, High impact, Coordinated care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.

Ref: Balaidoyv A. et al. Cost-effective interventions for breast cancer, cervical cancer, and colorectal cancer: new results from WHO-CHOICE. Pending
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
### Step 2: Improve Cancer Planning

#### Starting Age for Breast Cancer Screening

<table>
<thead>
<tr>
<th>Income level</th>
<th>&lt;20</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
<th>% CBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIC</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>92%</td>
</tr>
<tr>
<td>LMIC</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td>2</td>
<td>69%</td>
</tr>
<tr>
<td>UMIC</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>12</td>
<td>12</td>
<td>28%</td>
</tr>
<tr>
<td>HIC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>18</td>
<td>28</td>
<td>14%</td>
</tr>
</tbody>
</table>
“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
“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

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
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
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

André M. Ilbawi
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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

<table>
<thead>
<tr>
<th>Abbvie</th>
<th>Almirall</th>
<th>Amgen</th>
<th>Astellas</th>
<th>AstraZeneca</th>
<th>Bayer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biogen</td>
<td>Boehringer Ingelheim</td>
<td>Bristol-Myers Squibb</td>
<td>Celgene</td>
<td>Chiesi</td>
<td>Chugai</td>
</tr>
<tr>
<td>Dutch-Sarkyc</td>
<td>Elsi</td>
<td>Lilly</td>
<td>Roche</td>
<td>GlaxoSmithKline</td>
<td>Grunenthal</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>Leo</td>
<td>Lundbeck</td>
<td>Menarini</td>
<td>Merck</td>
<td>MSD</td>
</tr>
<tr>
<td>Novartis</td>
<td>Novo Nordisk</td>
<td>Otsuka</td>
<td>Pfizer</td>
<td>Sanofi</td>
<td>Seqirus</td>
</tr>
<tr>
<td>Shionogi</td>
<td>Shire</td>
<td>Takeda</td>
<td>Teva</td>
<td>UCB</td>
<td></td>
</tr>
</tbody>
</table>
IFPMA members | Associations

Europe: 21 Associations

Asia Pacific: 15 Associations

Middle East & Africa: 3 Associations

Americas: 11 Associations

50 Associations In All 5 Continents
Great advances in cancer care – but fight is far from over

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

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

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

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

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>-22%</td>
</tr>
<tr>
<td>EU5</td>
<td>-21%</td>
</tr>
<tr>
<td>USA</td>
<td>-24%</td>
</tr>
<tr>
<td>Australia</td>
<td>-21%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>1989-1993</th>
<th>2008-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin cancer/melanoma</td>
<td>81%</td>
<td>89%</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>64%</td>
<td>88%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>77%</td>
<td>87%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>63%</td>
<td>66%</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>54%</td>
<td>62%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Non small-cell lung cancer</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Small-cell lung cancer</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>High-income countries</th>
<th>Low income countries</th>
<th>Lower middle income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending on healthcare (% GDP)</td>
<td>12,4%</td>
<td>5,7%</td>
<td>4%</td>
</tr>
<tr>
<td>Out-of-pocket spending on pharmaceuticals</td>
<td>13,4%</td>
<td>35,7%</td>
<td>57,9%</td>
</tr>
</tbody>
</table>
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 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

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

- Discovering new medicines
- Participating in multi-sectoral partnerships
- Supporting education, prevention and improvement to treatment and care
- Sharing its expertise
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.

AMR Industry Alliance

CHATHAM HOUSE
The Royal Institute of International Affairs

THE GRADUATE INSTITUTE GENEVA

GLOBAL HEALTH CENTRE

ACCESS ACCELERATED

Moving NCD Care Forward
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

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

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
IMPORTANT NOTES

- 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

*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

Network of external partnerships to drive innovation

- Unfold protein
- Next-generation vaccine
- Oncology
- Kyoto Univ. (AK Project)
- Immunology
- Nephrology / Ophthalmology
- Cell therapy
- Nephrology
- Ophthalmology
- Compound library
- Cell therapy
- Compound library
- Transgenic silkworms
- Mitsubishi Tanabe Pharma
- Osaka University
- NIBIO
- IBL
- AIRM
- Kyodai Drug
- Medline
- NFB
- Aobajuban
- NIH
- NCI
- Wistar
- JAX
- Harvard Medical School
- Dana-Farber Cancer Institute
- MD Anderson Cancer Center
- The University of Texas

*Gene therapy for retinitis pigmentosa
FULFILLING OUR SOCIAL RESPONSIBILITY MEANS THE REALIZATION OF BUSINESS PHILOSOPHY

<table>
<thead>
<tr>
<th>Value for Society</th>
<th>Value for Astellas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value Creation</strong></td>
<td></td>
</tr>
<tr>
<td>• Supporting healthy living for people through the</td>
<td>• Strengthening R&amp;D capabilities by reinvesting profits</td>
</tr>
<tr>
<td>creation of innovative drugs</td>
<td>• Creating new business opportunities</td>
</tr>
<tr>
<td>• Return to stakeholders</td>
<td></td>
</tr>
<tr>
<td><strong>Value Protection</strong></td>
<td></td>
</tr>
<tr>
<td>• Mitigating impact on climate change and preserving</td>
<td>• Mitigating reputation risk</td>
</tr>
<tr>
<td>biodiversity by reducing environmental burden</td>
<td>• Elevating corporate brand</td>
</tr>
<tr>
<td>• Maintaining social order by ensuring compliance and</td>
<td></td>
</tr>
<tr>
<td>taking measures to prevent corruption</td>
<td></td>
</tr>
</tbody>
</table>

Astellas’ Interaction with Society

- **CSR-based management**: Enhance the sustainability of society
- **Astellas**: Raison D’être: Contribute toward improving the health of people around the world through the provision of innovative and reliable pharmaceutical products
- **Society**: Mission: Sustainable enhancement of enterprise value
- **Trust from society**: Enhance the sustainability of Astellas
## THREE POSSIBLE WAYS TO CONTRIBUTE TO SUSTAINABLE DEVELOPMENT

<table>
<thead>
<tr>
<th>Types of business activities</th>
<th>Examples of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Contribution through the value of products and services</td>
<td>Creating innovative medicines</td>
</tr>
<tr>
<td>#2 Sustainable and Ethical behavior in value chain which produces products and services</td>
<td>Respecting human rights, Decent work Consumer protection Environmental conservation, Proper consideration to a local community</td>
</tr>
<tr>
<td>#3 Contribution outside of the value chain as partial return of companies’ profits to the society</td>
<td>Strengthening healthcare system</td>
</tr>
</tbody>
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Business activities which contribute to sustainable development

- #1 Contribution through the value of products and services
- #2 Sustainable and Ethical behavior in value chain which produces products and services
- #3 Contribution outside of the value chain as partial return of companies’ profits to the society
LEVERAGE STRENGTHS, TECHNOLOGIES AND EXPERTISE TO CONTRIBUTE TO BETTER GLOBAL HEALTH

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

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

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

July 25: 
Submission period closed
• Over 70 applications from over 20 different countries

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

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

[Logos for UICC-Japan and UICC-ARO]
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)

Global strategy:
- Development of regional cancer registry
- Tobacco and alcohol control
- Prevention of cancer caused infection
- Effective cancer screening
- Development of cancer treatment
- Education of healthcare professionals
- Quality of life of patients and their families
- Reduction of stigma by misconceptions
- Publicity of general Information on cancer

Regional strategy:
- Asian Pacific
  - Eastern
  - Southeastern
  - South Central
  - Western
  - Pacific
- Australasia
- Africa
- Latin America
- North America
- East Europe
- West Europe

Site-specific strategy:
- Lung, Nasopharynx, Tongue, Esophagus, Stomach, Colo-rectum, Liver, Bile duct, Pancreas, Breast, Uterus, Ovary, Prostate, Bladder, Kidney, CNS, Skin, Thyroid, Hematopoietic tissue, and etc.

Starting point of WPCCP