The European Society for Medical Oncology (ESMO) represents more than 25,000 members from over 160 countries and welcomes the Consultation with Non-State Actors on the Oslo Medicines Initiative.

With the incoming wave of high-cost cancer treatments, WHO Member States need to be able to choose medicines appropriately. Therefore, ESMO continually addresses the topic of access to medicines at the European and global level through its public policy efforts and by developing freely available tools and resources based on our expertise in the management of patients with cancer.

To support WHO Member States in addressing issues that affect access to effective, novel, high-priced medicines, and health products, ESMO would like to provide the following 6 suggestions:

1. **Harmonise the standard of cancer care**: ESMO has over 80 ESMO Clinical Practice Guidelines, updated in real-time, and used globally. In many countries, there is no measure of the implementation of standard of care. Therefore, it is essential to invest in implementation of guidelines, to ensure that national and local care pathways are in line with them, and that the medicines recommended for the evidence-based treatment of patients are included in national essential medicines lists.

2. **Prioritise cancer medicines with the highest magnitude of clinical benefit**: ESMO has developed the ESMO-Magnitude of Clinical Benefit Scale, which uses a rational and structured approach to score the clinically meaningful benefit of medicines approved by the European Medicines Agency. ESMO publishes those scores on its website and references them in its guidelines. The scale is used by various countries to prioritise cancer medicines and to help frame the use of limited public and personal resources. The WHO uses the scale to evaluate cancer medicines for the WHO Model List of Essential Medicines.

3. **Determine the appropriate use of biosimilars**: With many expensive cancer medicines coming off patent, ESMO believes that biosimilars present a necessary and timely opportunity because they can positively impact the financial sustainability of healthcare systems while improving access to medicines for patients. ESMO has a biosimilars portal and has published its views in the ESMO Position Paper on Biosimilars. The WHO prequalification process also provides a potential solution to tackle safe and effective biosimilars, where countries lack robust regulatory practices.

4. **Harmonise the Health Technology Assessment process at the EU level**: ESMO has recommended using cancer medicines as a pilot for joint clinical assessments under the draft EU Health Technology Assessment Regulation. The ESMO-Magnitude of Clinical Benefit Scale may help facilitate the process.
Additionally, ESMO is currently developing a geographically adapted value-based reimbursement model to tackle issues related to the reimbursement of expensive, innovative cancer medicines. ESMO will share the model’s details with the WHO and the European institutions in due course, and as input to feed into the Pharmaceutical Strategy for Europe.

5. **Address issues related to the availability of cancer medicines to patients:** ESMO has gathered data on the availability of cancer medicines in Europe and internationally through two surveys, whose findings were published in ESMO’s journal Annals of Oncology. The two studies were cited as the most comprehensive assessment on the availability of cancer medicines globally in the 2018 ‘WHO Technical Report on the pricing of cancer medicines and its impacts’. ESMO will be re-doing the survey and will be sharing the results with the WHO and the European institutions, to feed into the Pharmaceutical Strategy for Europe and other relevant policy initiatives.

6. **Promote multistakeholder collaboration to implement the Initiative:** WHO can collaborate with Non-State Actors by inviting them to participate in well-defined aspects of the Oslo Medicines Initiative based on their areas of expertise. ESMO welcomes the opportunity to share its knowledge and resources. We contribute to EU and WHO meetings and consultations, and provided input into Europe’s Beating Cancer Plan, the Pharmaceutical Strategy for Europe, and all other relevant policy initiatives. ESMO was invited by WHO to participate in an imPACT mission in Kazakhstan. Supported by ESMO tools, we worked with WHO and national health authorities to review the country’s cancer treatment protocols. The assessment supported the Ministry of Health to optimise its cancer treatment protocols and to link them to the national essential medicines list. Incorporating the project recommendations into the 2018-2022 Kazakhstan national cancer control plan allowed the country to maintain its commitment to offer evidence-based comprehensive cancer care as part of universal health coverage.

ESMO is pleased to support the Oslo Medicines Initiative and thanks the organisers for their consideration of our suggestions.