

# INSIGHTS IN ESSENTIAL MEDICINE AVAILABILITY AND ACCESSIBILITY FROM ESMO ANTINEOPLASTIC MEDICINES STUDY 2.0

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# DECLARATION OF INTERESTS

Nathan Cherny

No conflicts to disclose

# BACKGROUND

# PROJECT RATIONALE



ESMO is committed to assuring timely and optimal treatment to cancer patients



The availability of anti-neoplastics directly affects the daily practice of clinicians and their ability to treat cancer patients



Affordability of medications impacts the equitable distribution of cancer care

# COMMON ISSUES WITH ANTI-NEOPLASTIC AGENTS

1

## LIMITATIONS IN FORMULARY

No comprehensive mapping of formularies

2

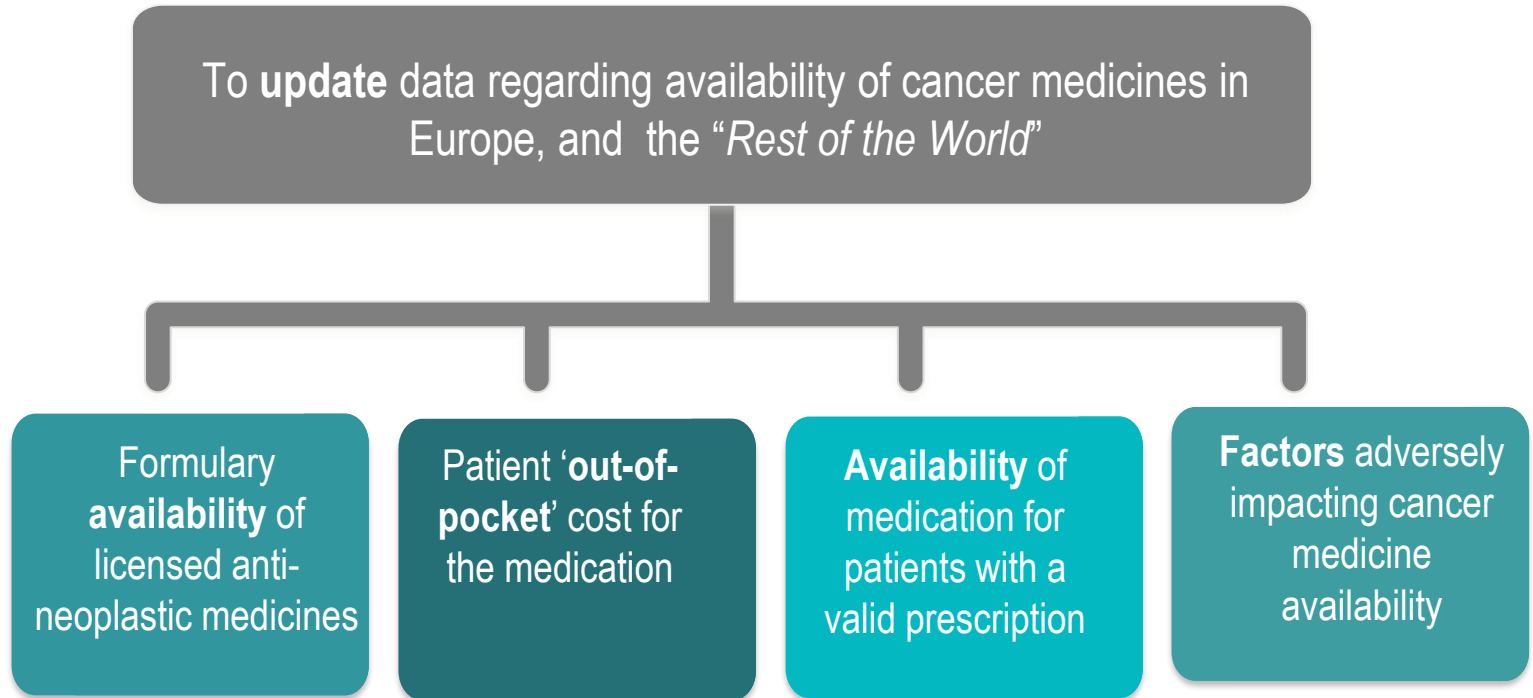
## ACTUAL AVAILABILITY AND AFFORDIBILITY

3

## BARRIERS OF ACCESSIBILITY

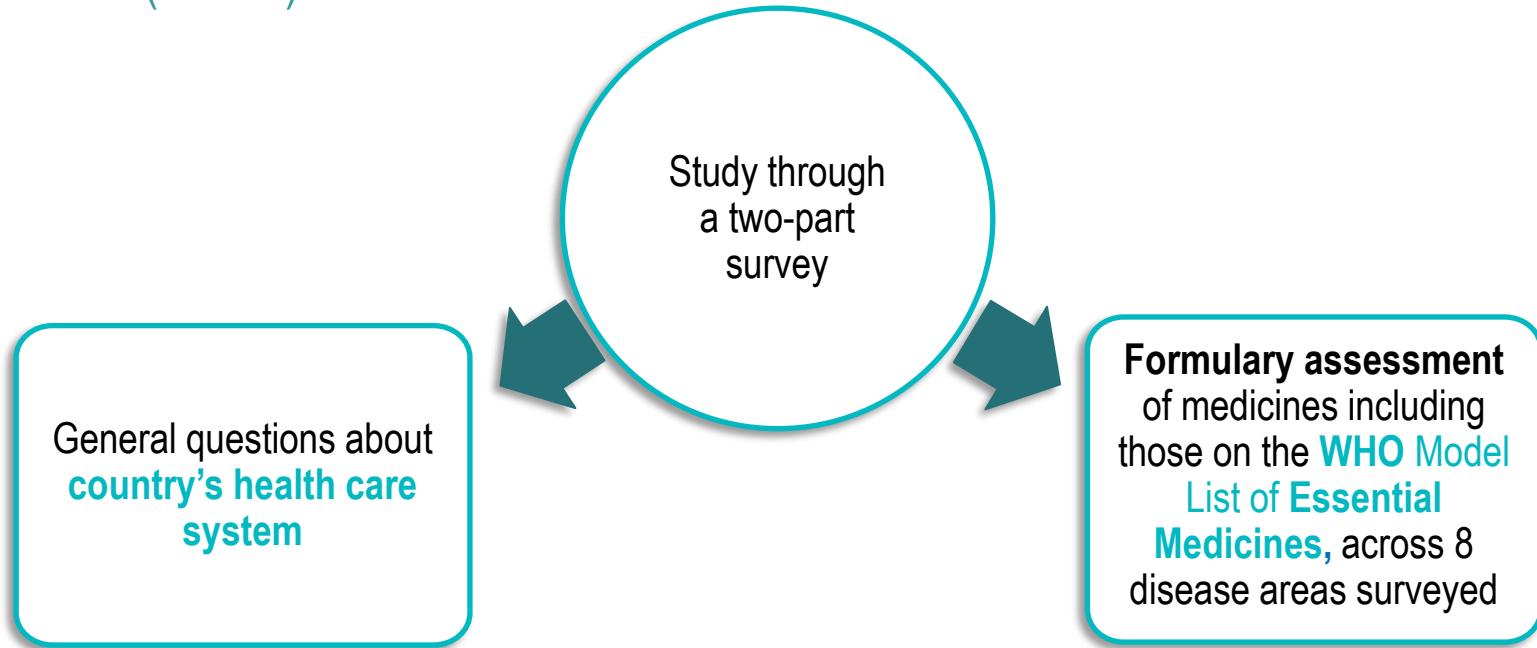
shortages  
distribution  
manufacturing

# AIMS OF THE STUDY



# STUDY DEVELOPMENT

Modelled on previous ESMO Consortium Study on the Availability of Anti-Neoplastic Medicines (ANMS)



# DISEASE AREAS SURVEYED



Breast Cancer (Metastatic)



Breast Cancer (Early)



Lung Cancer



Colorectal Cancer



Prostate Cancer



Renal Cell Cancer



GIST



Melanoma



# EXAMPLE OF SURVEY: METASTATIC BREAST CANCER

	Is this medicine available for this indication?		Cost of the medicine to the patient (what proportion of the full retail price does the average patient have to pay?)					Actual availability of the medicine when needed for most patients in your country (can the patient actually obtain the medicine when it is prescribed?)					If the medicine is not always available, what is the main reason for this?						Has the availability of this medicine been impacted by COVID-19?	
	Yes	No	Free	<25% cost	25-50% cost	>50% cost but less than full cost	Full cost	Always	Usually	Half the time	Occasionally	Never	No / unreliable supplier *(1)	No commercial motive *(2)	Parallel export *(3)	Manufacturing issues *(4)	Budget capitation *(5)	Do not know	Yes	No
Albumin-bound paclitaxel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abemaciclib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alpelisib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anastrozole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atezolizumab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bevacizumab (and its quality-assured biosimilars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eribulin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everolimus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examestane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulvestrant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# IDENTIFICATION OF DATA REPORTERS

ESMO National  
Representatives



Minimum of 2  
reporters per country  
(medical oncologist  
and pharmacist)

**Nominated** by  
coordinating and  
collaborating partners as  
well as by the Cancer  
Medicines Committee  
members

Invitation to 858  
respondents from 173  
countries

# PEER REVIEW



The peer review process is essential to **support the robustness of the information provided**, to indicate **discrepancies** in the data, and to provide **additional information on the actual situation** in the various countries.



The preliminary data were posted on the ESMO website for external validation in August 2023, for a month



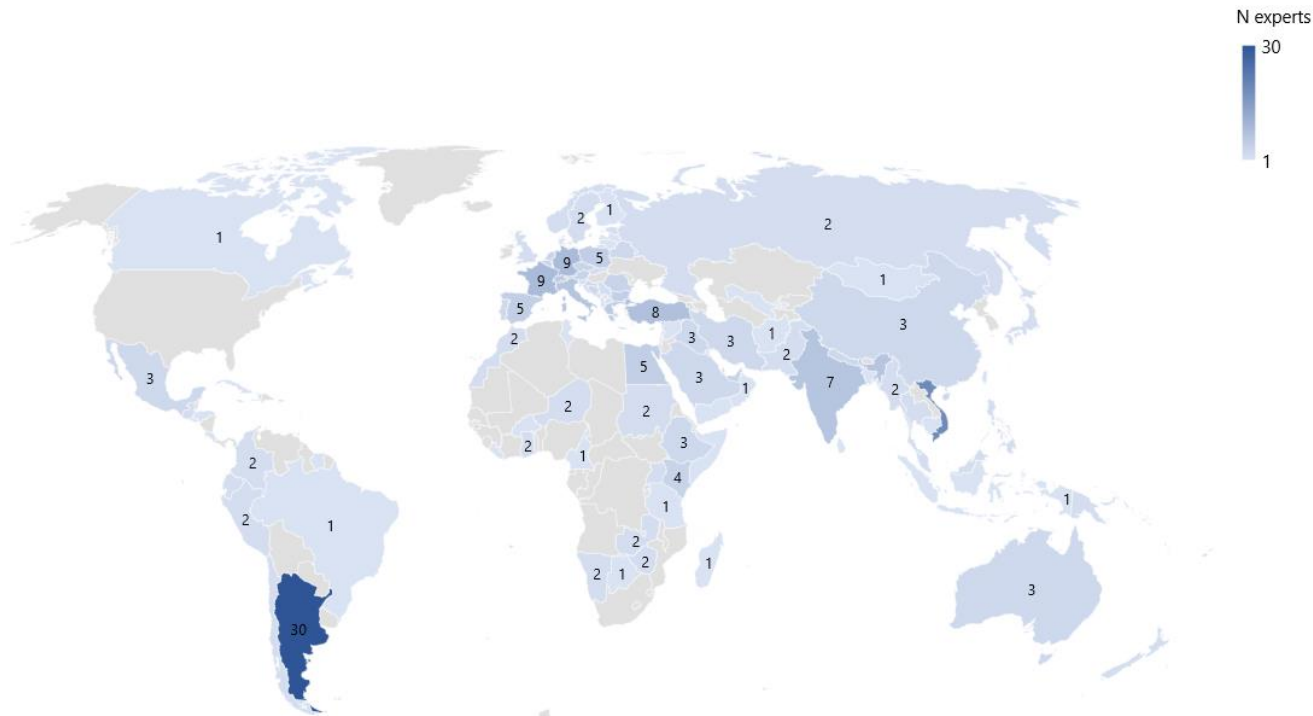
Invitations were sent to all members of the collaborating partner organisations, to those who were invited to complete the survey (both those who completed and those who didn't) and was open to all ESMO members to review the data and submit any correction or amendment



Amendments were collated, crosschecked, and incorporated into the final results

# PEER REVIEW - RESULTS

269 experts from 107 countries completed the peer review – **17 new countries**



# DATA COLLECTION AND MANAGEMENT

**Electronic dissemination** of survey and automated data entry

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graph TD; A[Electronic dissemination of survey and automated data entry] --> B[Crosschecking data entry and identification of discrepancies between reporters]; B --> C[Preliminary report at #ESMO 2022]; C --> D[Collection of missing reports and open peer review of collated data]; D --> E[Final data report #ESMO 2023];
```

Crosschecking data entry and identification of discrepancies between reporters

- Representative data presented

Preliminary report at #ESMO 2022

Collection of missing reports and open peer review of collated data

**Final data report #ESMO 2023**

# COLOUR-CODED, TABULATED DATA PRESENTATION



**Methodology** similar to that developed by ESMO for studies on the availability of opioids for cancer pain management and antineoplastic agents



Tables with colour-coded, tabulated data



Readily allows cross-county comparisons



Data presentation facilitates tracking changes in availability over time

# "WHO MODEL LIST OF ESSENTIAL MEDICINES"

Often referred to as the Essential Medicines List (EML)



Compilation of medications that WHO deems necessary for a basic healthcare system to function effectively



These medicines are considered essential because

1. they address the most important healthcare needs
2. considered cost-effective, safe, and readily available



EML is updated regularly to reflect current medical knowledge and changing health priorities

# WHO EML HISTORY



## The WHO EML was first published in 1977

- Focused on essential medicines for **primary healthcare**
- List did not comprehensively cover cancer treatment options

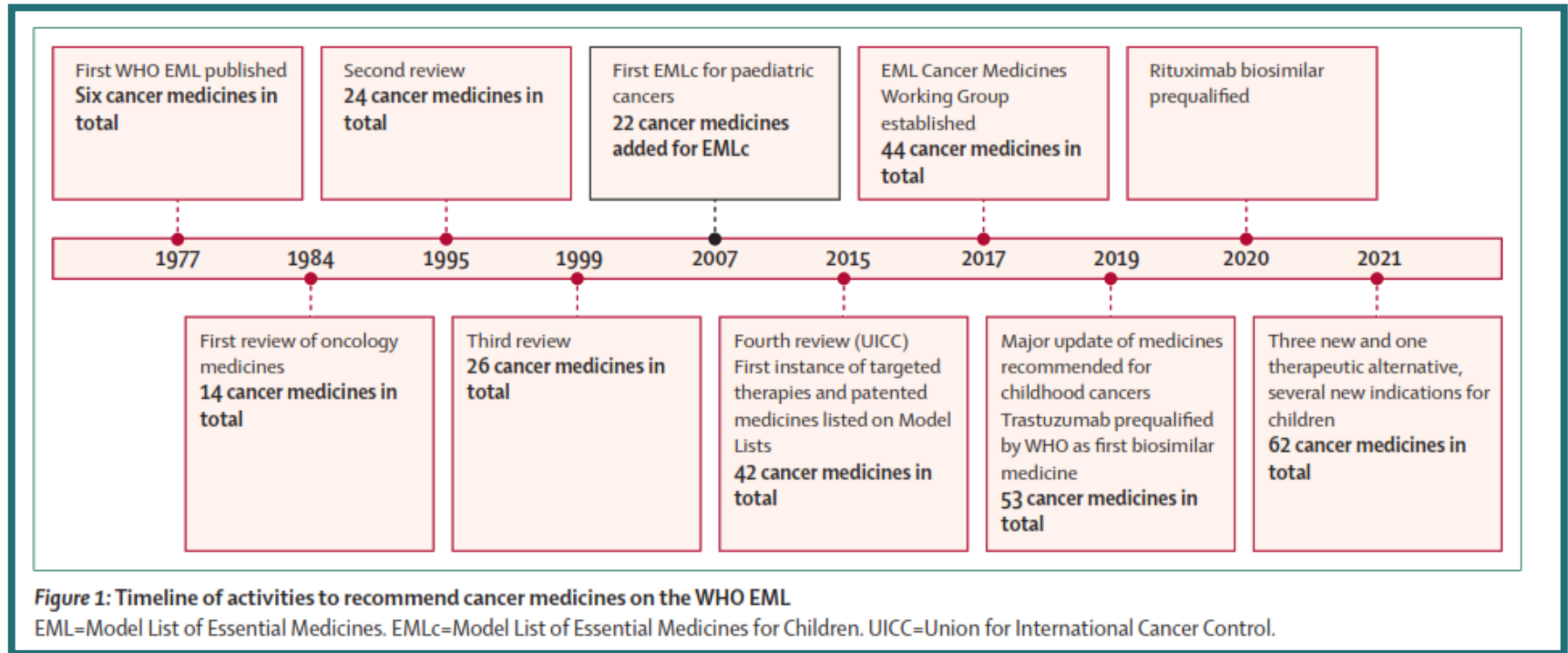


## 1977-2023

- 23 editions
- Over the years **more cancer medicines**
- Initially chemotherapy agents
- Growing recognition of the importance of targeted therapies



# ANTI-CANCER MEDICINES IN THE WHO EML



# ANTI-CANCER MEDICINES FOR ADULT SOLID TUMORS ON THE WHO EML

## CYTOTOXICS



bleomycin	gemcitabine
capecitabine	ifosfamide
carboplatin	irinotecan
cisplatin	leucovorin
cyclophosphamide	methotrexate
dactinomycin	oxaliplatin
dacarbazine	paclitaxel
docetaxel	vinblastine
doxorubicin	vincristine
doxorubicin liposomal	vinorelbine
etoposide	vinorelbine
fluorouracil	

## HORMONAL



abiraterone
anastrozole
bicalutamide
enzalutamide
flutamide
goserelin
tamoxifen

## BIOLOGICAL



nivolumab
pembrolizumab
afatinib
erlotinib
everolimus
gefitinib
imatinib
trastuzumab

# USES OF THE WHO EML



## National formularies

- Many nations incorporate the WHO EML into their national drug policies and procurement processes
- Helps governments to prioritise for medicines availability and affordability within their healthcare systems



## NGOs and donors

- Can identify priorities in efforts to provide healthcare assistance and support to countries in need

**The EML is a valuable tool for promoting access to essential medicines and improving healthcare outcomes globally**

# RESULTS 2023

# AVAILABILITY AND ACCESSIBILITY OF CANCER MEDICINES

2023 update



252 experts from 110 countries

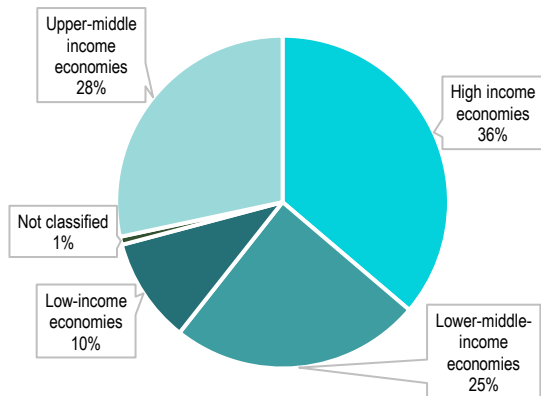


Peer review with 269 experts from 106 countries

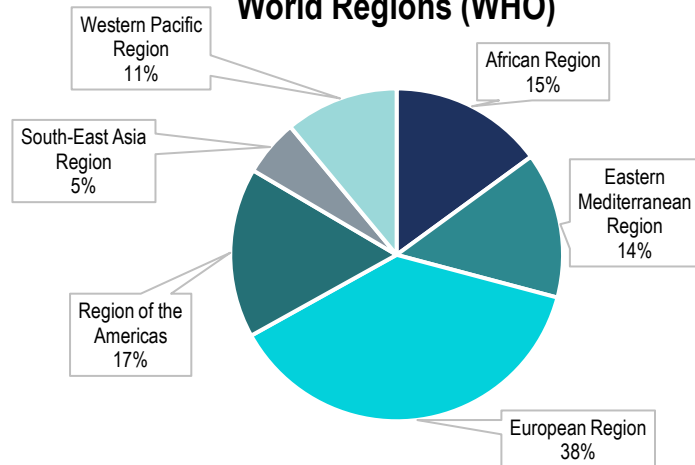


Total of countries surveyed 127

### Income level (World Bank)



### World Regions (WHO)







# ESSENTIAL MEDICINES BIOLOGICAL THERAPIES

With high ESMO-MCBS scores (4-5 non-curative setting and A –B curative setting)



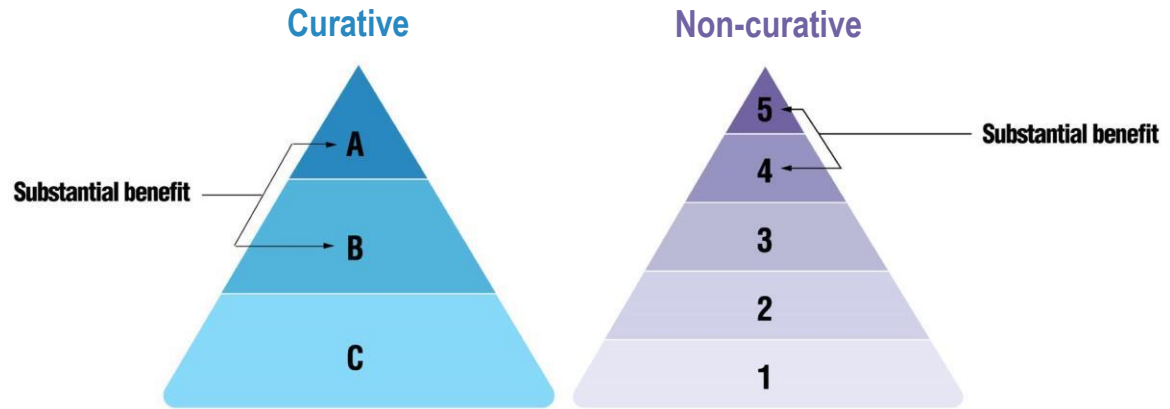
Breast Cancer



Lung Cancer



Melanoma







# ACCESSIBILITY

## High-income

Country	BREAST		MELANOMA		LUNG		
	Trastuzumab +BS	Nivo	Pembro	Erlotinib	Gefitinib	Afatanib	
Australia	Always	Always	Always	Always	Always	Always	Always
Austria	Always	Always	Always	Always	Always	Always	Always
Belgium	Always	Always	Always	Always	Always	Always	Always
Canada	Always	Always	Always	Always	Always	Always	Always
Chile	Always	Usually	Usually	Always	Always	Always	Always
Taiwan	Always	Always	Always	Always	Always	Always	Always
Croatia	Always	Always	Always	Always	Always	Always	Always
Cyprus	Always	Half the time	Always	Always	Always	Always	Half the time
Czech Republic	Always	Always	Always	Always	Always	Always	Always
Denmark	Usually	Always	Always	Always	Always	Always	Always
Estonia	Always	Always	Always	Always	Always	Always	Always
Finland	Always	Always	Always	Usually	Usually	Usually	Usually
France	Always	Always	Always	Always	Always	Always	Always
Germany	Always	Always	Always	Always	Always	Always	Always
Greece	Always	Always	Always	Always	Always	Always	Always
Hungary	Always	Always	Always	Always	Always	Always	Occasionally
Iceland	Always	Always	Always	Always	Usually	Always	Always
Ireland	Always	Always	Always	Always	Usually	Always	Half the time
Israel	Always	Always	Always	Always	Always	Always	Always
Italy	Always	Always	Always	Always	Always	Always	Always
Japan	Always	Always	Always	Always	Always	Always	Always
Korea	Always	Always	Always	Always	Always	Always	Always
Kuwait	Always	Always	Always	Always	Always	Always	Always
Latvia	Always	Usually	Usually	Usually	Usually	Always	Always
Lithuania	Always	Always	Always	Always	Always	Always	Always
Luxembourg	Always	Always	Always	Always	Always	Always	Always
Malta	Always	Always	Usually	Always	Always	Always	Always
Netherlands	Always	Always	Always	Always	Always	Always	Always
New Zealand	Always	Always	Always	Always	Always	Always	Always
Norway	Always	Always	Always	Always	Always	Always	Always
Oman	Always	Always	Always	Always	Always	Always	Always
Poland	Always	Always	Always	Always	Always	Always	Always
Portugal	Always	Always	Always	Always	Always	Always	Always
Qatar	Always	Always	Always	Always	Occasionally	Occasionally	Occasionally
Saudi Arabia	Always	Always	Always	Always	Usually	Occasionally	Occasionally
Singapore	Always	Always	Always	Always	Usually	Always	Always
Slovakia	Always	Always	Always	Always	Always	Always	Always
Slovenia	Always	Always	Always	Always	Always	Always	Always
Spain	Always	Always	Always	Always	Always	Always	Always
Sweden	Always	Always	Always	Always	Always	Always	Always
Switzerland	Always	Always	Always	Always	Always	Always	Always
UAE	Always	Always	Always	Always	Always	Always	Always
United Kingdom	Always	Always	Always	Always	Always	Always	Always
USA	Always	Usually	Usually	Always	Always	Usually	Usually

## Upper-middle income

Country	BREAST		MELANOMA		LUNG		
	Trastuzumab +BS	Nivo	Pembro	Erlotinib	Gefitinib	Afatanib	
Albania	Always	Always	Half the time	Always	Never	Never	Never
Argentina	Always	Always	Always	Always	Always	Usually	Usually
Armenia	Always	Always	Always	Always	Always	Usually	Usually
Azerbaijan	Always	Half the time	Half the time	Usually	Half the time	Occasionally	Occasionally
Belarus	Usually	Occasionally	Occasionally	Occasionally	Always	Never	Never
Bosnia + HGV	Usually	Usually	Usually	Always	Always	Always	Always
Botswana	Always	Usually	Usually	Always	Always	Always	Always
Brazil	Always	Always	Always	Always	Always	Always	Always
Bulgaria	Always	Always	Always	Always	Always	Always	Always
China	Always	Always	Always	Always	Always	Always	Always
Colombia	Always	Usually	Usually	Always	Always	Usually	Usually
Costa Rica	Usually	Never	Always	Occasionally	Occasionally	Never	Never
Cuba	Always	Always	Always	Always	Always	Always	Always
Ecuador	Usually	Usually	Usually	Always	Never	Never	Never
Georgia	Always	Always	Always	Always	Never	Never	Never
Guatemala	Usually	Usually	Usually	Usually	Usually	Occasionally	Occasionally
Iraq	Usually	Usually	Usually	Usually	Usually	Occasionally	Occasionally
Jamaica	Usually	Usually	Usually	Usually	Usually	Usually	Usually
Kazakhstan	Always	Occasionally	Always	Always	Always	Always	Always
Libya	Always	Occasionally	Half the time	Usually	Half the time	Occasionally	Occasionally
Malaysia	Always	Always	Always	Usually	Usually	Always	Always
Mexico	Usually	Occasionally	Occasionally	Half the time	Half the time	Occasionally	Occasionally
Moldova	Always	Always	Always	Always	Always	Always	Always
Montenegro	Always	Always	Always	Always	Always	Always	Always
Namibia	Usually	Never	Half the time	Usually	Usually	Never	Never
North Macedonia	Usually	Always	Always	Always	Always	Usually	Usually
Peru	Always	Always	Always	Always	Always	Usually	Usually
Romania	Always	Usually	Usually	Always	Always	Always	Always
Russia	Always	Usually	Usually	Always	Always	Usually	Usually
Serbia	Always	Usually	Usually	Always	Always	Always	Always
South Africa	Usually	Never	Usually	Usually	Half the time	Never	Never
Suriname	Occasionally	Always	Always	Always	Always	Always	Always
Thailand	Usually	Usually	Usually	Always	Always	Usually	Usually
Turkiye	Always	Always	Always	Always	Always	Always	Always
Turkmenistan	Occasionally	Never	Never	Never	Never	Never	Never

Always	
Usually	
Half the time	
Occasionally	
Never	
Not available	

## Low + Lower-middle income

Country	BREAST		MELANOMA		LUNG		
	Trastuzumab +BS	Nivo	Pembro	Erlotinib	Gefitinib	Afatanib	
Algeria	Always	Always	Always	Always	Always	Always	Usually
Bangladesh	Occasionally	Always	Half the time	Always	Always	Always	Occasionally
Bolivia	Usually	Usually	Usually	Occasionally	Occasionally	Occasionally	Occasionally
Cambodia	Always	Usually	Usually	Always	Always	Always	Occasionally
Cameroon	Usually	Occasionally	Occasionally	Always	Always	Always	Always
Egypt	Always	Usually	Usually	Half the time	Always	Occasionally	Occasionally
El Salvador	Half the time	Always	Always	Half the time	Occasionally	Always	Occasionally
Ghana	Always	Always	Always	Always	Always	Always	Always
Haiti	Occasionally	Never	Never	Never	Never	Never	Never
Honduras	Usually	Usually	Usually	Never	Never	Never	Never
India	Always	Never	Never	Never	Never	Never	Never
Indonesia	Always	Always	Always	Always	Always	Always	Always
Iran	Always	Always	Always	Always	Always	Always	Always
Kenya	Half the time	25-50% cost	25-50% cost	Usually	Half the time	Usually	Usually
Lebanon	Usually	Always	Always	Always	Always	Always	Always
Mongolia	Always	Always	Always	Always	Always	Always	Always
Morocco	Always	Always	Always	Always	Always	Always	Always
Myanmar	Always	Always	Always	Always	Always	Always	Always
Nepal	Usually	Half the time	Half the time	Usually	Usually	Usually	Usually
Nicaragua	Usually	Occasionally	Occasionally	Usually	Usually	Usually	Usually
Nigeria	Always	Always	Always	Usually	Usually	Usually	Usually
Pakistan	Half the time	Always	Usually	Half the time	Half the time	Occasionally	Occasionally
Palestine	Never	Never	Never	Never	Never	Never	Never
Papua New Guinea	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Philippines	Always	Always	Always	Always	Always	Always	Always
Sri Lanka	Usually	Usually	Usually	Usually	Usually	Usually	Usually
Tunisia	Always	Always	Always	Always	Always	Always	Always
Tanzania	Never	Half the time	Half the time	Usually	Usually	Usually	Usually
Uzbekistan	Usually	Usually	Usually	Usually	Usually	Usually	Usually
Vanuatu	Usually	Usually	Usually	Usually	Usually	Usually	Usually
Vietnam	Usually	Never	Half the time	Usually	Usually	Usually	Usually
Zambia	Usually	Usually	Usually	Usually	Usually	Usually	Usually
Zimbabwe	Half the time	Usually	Usually	Usually	Usually	Usually	Usually
Afghanistan	Occasionally	Never	Never	Never	Never	Never	Never
Burkina Faso	Never	Never	Never	Occasionally	Occasionally	Occasionally	Occasionally
Ethiopia	Never	Never	Never	Never	Never	Never	Never
Liberia	Occasionally	Never	Never	Never	Never	Never	Never
Madagascar	Never	Never	Never	Never	Never	Never	Never
Malawi	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Niger	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Rwanda	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Somalia	Never	Never	Never	Never	Never	Never	Never
Sudan	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Syria	Always	Always	Always	Half the time	Half the time	Half the time	Half the time
Yemen	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Uganda	Always	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally
Yemen	Never	Occasionally	Never	Occasionally	Occasionally	Occasionally	Occasionally
Venezuela	Half the time	Occasionally	Occasionally	Occasionally	Occasionally	Occasionally	Never

# RESULTS 2017

# 2017 ESMO INTERNATIONAL CONSORTIUM STUDY ON THE AVAILABILITY, OUT-OF-POCKET COSTS AND ACCESSIBILITY OF ANTINEOPLASTIC MEDICINES IN COUNTRIES OUTSIDE OF EUROPE

## SPECIAL ARTICLE

ESMO International Consortium Study on the availability, out-of-pocket costs and accessibility of antineoplastic medicines in countries outside of Europe

N. I. Cherny<sup>1\*</sup>, R. Sullivan<sup>2</sup>, J. Torode<sup>3</sup>, M. Saar<sup>4</sup> & A. Eniu<sup>5,6</sup>

*Annals of Oncology* 28: 2633–2647, 2017

# COST AND AVAILABILITY OF MULTI-USE ESSENTIAL MEDICINES WHEN PATIENT HAS A VALID PRESCRIPTION

	Free
	<25% cost
	25-50% cost
	Discount >50% and <100%
	Full cost
	Not available
	Missing data

High-  
Income

Upper  
Middle-  
Income

Lower-  
Middle  
Income

Low-  
Income

Country	COST AND AVAILABILITY														
	Bleo	CarboP	CisP	Cyclo (IV)	Cyclo (tab)	DTIC	Dox.	Epir.	Etop (IV)	SFU	Ifos.	MTX (IV)	MTX (tab)	VBL	VCR
Argentina															
Australia															
Canada															
Chile															
Cyprus															
Israel															
Japan															
Korea, South															
Kuwait															
New Zealand															
Oman															
Qatar															
Saudi Arabia															
Singapore															
United Arab Emirates															
USA															
Uruguay															
Venezuela															
Algeria															
Brazil															
China															
Colombia															
Cuba															
Dominican Republic															
Ecuador															
Iran															
Iraq															
Jordan															
Kazakhstan															
Lebanon															
Malaysia															
Mexico															
Peru															
South Africa															
Suriname															
Thailand															
Tunisia															
Turkey															
Bangladesh															
Egypt															
El Salvador															
Ghana															
India															
Indonesia															
Kenya															
Mauritania															
Morocco															
Myanmar															
Pakistan															
Palestine															
Philippines															
Sudan															
Vietnam															
Zambia															
Afghanistan															
Burkina Faso															
Cambodia															
Haiti															
Malawi															
Nepal															
Tanzania															
Uganda															
Zimbabwe															

# ACCESSIBILITY OF MULTI-USE ESSENTIAL MEDICINES

High-  
Income

Upper-middle  
Income

Lower-  
middle  
Income

Low-  
Income

	Always
	Usually
	Half the time
	Occasionally
	Never
	Not available
	Missing data

Country	ACCESSIBILITY														
	Bleo	CarboP	CisP	Cylo (IV)	Cylo (tab)	DTIC	Dox.	Epir.	Etop (IV)	SFU	ifos.	MTX (IV)	MTX (tab)	VBL	VCR
Argentina															
Australia															
Canada															
Chile															
Cyprus															
Israel															
Japan															
Korea, South															
Kuwait															
New Zealand															
Oman															
Qatar															
Saudi Arabia															
Singapore															
United Arab Emirates															
USA															
Uruguay															
Venezuela															
Algeria															
Brazil															
China															
Colombia															
Cuba															
Dominican Republic															
Ecuador															
Iran															
Iraq															
Jordan															
Kazakhstan															
Lebanon															
Malaysia															
Mexico															
Peru															
South Africa															
Suriname															
Thailand															
Tunisia															
Turkey															
Bangladesh															
Egypt															
El Salvador															
Ghana															
India															
Indonesia															
Kenya															
Mauritania															
Morocco															
Myanmar															
Pakistan															
Palestine															
Philippines															
Sudan															
Vietnam															
Zambia															
Afghanistan															
Burkina Faso															
Cambodia															
Haiti															
Malawi															
Nepal															
Tanzania															
Uganda															
Zimbabwe															

# LESSONS LEARNED?

# ESSENTIAL MEDICINES AFFORDABILITY IN LOW AND LOW-MIDDLE INCOME COUNTRIES



## “Old, inexpensive” cancer medicines

- **Often** only at full cost as an out-of-pocket expenditure (OOP)



## New expensive biological (ESMO-MCBS 4-5 scores and A –B scores)

- **Usually** only at full cost as an out-of-pocket expenditure (OOP)

**Not much has changed in the past 5 years**



# ESSENTIAL MEDICINES ACCESSIBILITY IN LOW AND LOW-MIDDLE INCOME COUNTRIES



## “Old, inexpensive” cancer medicines

- Often unreliable
- Non-continuous availability and unreliable procurement



## New expensive biological (ESMO-MCBS 4-5 scores and A –B scores)

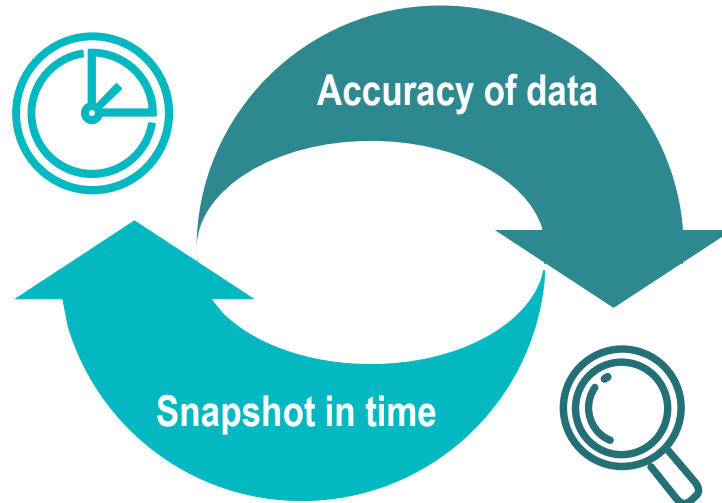
- Very limited

**Not much has changed in the past 5 years**

# LIMITATIONS OF THE STUDIES

**Macro-level** study, covering a **wide range of medicines** with a time-constrained 'snapshot' of the situation

There may be differences within each country



Accuracy of the data is **dependent on the reporting accuracy of field reporters** and their due diligence in verification of facts

The methodology incorporated **measures to minimise error**, including multiple reporters and cross-checks between reporters, and a process of open peer-review

# ADDRESSING DISCREPANCIES



**Realising the aspirations of the WHO EML list for cancer medicines requires new approaches**



**Ellen't Hoen** (Director at Medicines Law and Policy) on **'Policy and intellectual property regulatory instruments as tools to enhance access to expensive essential cancer medicines'**



**Kiusiang Tay-Teo** (Technical Officer, World Health Organization) on **'Governmental policies to control cancer medicine prices'**

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<p>ESMO</p>	<ul style="list-style-type: none"> <li>• African Organisation for Research and Training in Cancer</li> <li>• Albanian Oncology Association</li> <li>• American Society of Clinical Oncology</li> <li>• Armenian Association of Hematology and Oncology</li> <li>• Argentine Association of Clinical Oncology</li> <li>• Association of Cancer Physicians</li> <li>• Belgian Society of Medical Oncology</li> <li>• Brazilian Society of Clinical Oncology</li> <li>• Canadian Association of Medical Oncologists</li> <li>• Croatian Society of Medical Oncology</li> <li>• Cyprus Oncology Society</li> <li>• Czech Society for Oncology</li> <li>• Danish Society for Medical Oncology</li> <li>• Estonian Society of Medical Oncology</li> <li>• European Society of Oncology Pharmacy, coordinating with the International Society of Oncology Pharmacy Practitioners</li> <li>• Finnish Society for Oncology</li> <li>• German Society for Haematology and Medical Oncology</li> <li>• Hellenic Society of Medical Oncology</li> <li>• Indian Society for Medical &amp; Paediatric Oncology</li> <li>• Indonesian Society of Hematology Medical Oncology</li> <li>• Iranian Society of Medical Oncology and Hematology</li> <li>• Irish Society of Medical Oncology</li> <li>• Israeli Society for Clinical Oncology and Radiation Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Italian Medical Oncology Association</li> <li>• Japanese Society of Medical Oncology</li> <li>• Korean Society for Medical Oncology</li> <li>• Latvian Society for Medical Oncology</li> <li>• Lithuanian Society for Medical Oncology</li> <li>• Luxembourg Society of Oncology</li> <li>• Malaysian Oncological Society</li> <li>• Medical Oncology Group of Australia</li> <li>• Middle East Cancer Consortium</li> <li>• Mexican Society of Oncology</li> <li>• Myanmar Oncology Society</li> <li>• New Zealand Society for Oncology</li> <li>• Norwegian Association of Oncology</li> <li>• Philippine Society of Medical Oncology</li> <li>• Polish Society of Clinical Oncology</li> <li>• Portuguese Society of Oncology</li> <li>• Serbian Society of Medical Oncology</li> <li>• Singapore Society of Oncology</li> <li>• Slovak Oncology Society</li> <li>• Medical Oncology Section within Slovenian Medical Association</li> <li>• Spanish Society of Medical Oncology</li> <li>• Swedish Society of Oncology</li> <li>• Swiss Society of Medical Oncology</li> <li>• Taiwan Oncology Society</li> <li>• Thai Society of Clinical Oncology</li> <li>• Turkish Society of Medical Oncology</li> </ul>	<ul style="list-style-type: none"> <li>• Nathan Cherny</li> <li>• Elisabeth de Vries</li> </ul> <p>ESMO-MCBS WG:</p> <ul style="list-style-type: none"> <li>• Dario Trapani</li> <li>• Bishal Gyawali</li> <li>• Felipe Roitberg</li> </ul> <p>ESMO Cancer Medicines Committee</p>	<ul style="list-style-type: none"> <li>• Martina Galotti</li> <li>• Nicola Latino</li> <li>• Gracemarie Bricalli</li> </ul>	<p>All reporters who have completed the survey and the peer review</p>

# THANK YOU

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