

# How strengthening health financing capacities is key to expanding access to cancer medicines in low- and middle-income countries

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Of the estimated 10 million cancer-related deaths reported in 2020, a staggering 70% of these deaths occurred in low- and middle-income countries (LMICs). A significant part of this disparity lies in the lack of access to essential cancer medicines and diagnostics in these countries. In response to this challenge, the Union for International Cancer Control and over 20 key partners created the Access to Oncology Medicines (ATOM) Coalition to reduce barriers to accessing cancer medicines in LMICs, including through strengthening health financing capacities in Coalition target countries.

## The global cancer equity crisis

The global number of new cancer cases in 2020 reached almost 20 million and the estimated number of cancer-related deaths topped 10 million. Much of the burden is born by low- and lower middle-income countries (LLMICs), with cancer-related deaths in low- and middle-income countries (LMICs) accounting for 70% of total cancer mortalities worldwide (1).

In resource-constrained countries, governments face challenges to increase investment in cancer control to respond to the needs of people living with cancer along with other urgent health priorities.

One significant gap is the lack of access for many people living in LLMICs to essential cancer medicines, which are curative or can extend survival. Indeed, more than 50% of the cancer drugs on the World Health Organization Essential Medicines List (WHO EML) are unavailable in LLMICs (2). Without access to them, people diagnosed with cancer face drastically reduced health outcomes and quality of life.

There is a lack of essential cancer medicines due to a complex set of issues that include weak health systems, insufficient infrastructure, a lack of regulatory frameworks, inefficient procurement practices and supply chains, a lack of diagnostics and pathology, insufficient number of trained health workforce professionals as well as financial challenges.

Achieving equitable access to cancer medicines and diagnostics for people living in LLMICs therefore requires a holistic, coordinated approach to successfully address each one of these barriers. Simply making cancer medicines available is not a guarantee that patients will receive the medicine they need, when they need it.

## Making cancer medicines available in LLMICs

Concerted action is needed to prevent people from dying prematurely of cancer when high-quality, affordable and effective cancer medicines and treatment are available.

In response to the access challenge, the Union for International Cancer Control (UICC) and key partners launched in May 2022 the Access to Oncology Medicines (ATOM) Coalition, a global partnership uniting more than 25 global health-focused civil society organizations, medical societies, global oncology centres, biopharmaceutical and generic manufacturers and associations.

These partners have specific expertise in implementing cancer-focused access programmes, training workforce, supporting countries in improving their diagnostics and treatment capabilities. The ATOM Coalition aims to create connections and facilitate effective coordination and knowledge exchange between partners as well as to support the efforts of current access initiatives across multiple sectors. Together they will work collaboratively across LLMICs expanding current programmes, establishing new initiatives and coordinating medicine access opportunities.

This novel partnership and multisectoral approach is designed to be more effective in breaking down barriers and expanding access to cancer medicines in LLMICs in a more sustainable and scalable way, by not only enhancing their availability and affordability but also by increasing the capacity for their proper handling and supply monitoring as well as improving diagnostics capabilities.

UICC serves as the Secretariat for the Coalition, coordinating all activities implemented by Coalition partners at the global

and local levels. These activities focus on three specific, intertwined pillars:

- ➔ **Supporting governments and other stakeholders in ATOM Coalition target countries** by offering targeted and coordinated training and capacity building to receive and use cancer medicines (e.g., in diagnosing cancer, the proper handling and supply monitoring of cancer medicines).
- ➔ **Making available more WHO Essential Medicines List (EML) generic and biosimilar cancer medicines** over time by working with generic, biosimilar and originator manufacturers to register and supply quality-assured essential cancer medicines at affordable prices in ATOM Coalition target countries.
- ➔ **Securing an increasing number of patented medicines and new medicines in the pipeline from biopharma over time**, through a variety of channels, including donations, discounted pricing and voluntary licensing.

Under the second and third pillars, ATOM Coalition partners will further collaborate with local stakeholders and country governments to streamline regulatory processes, forecasting, procurement and funding; strengthen logistics and supply chain management; and implement training and education programmes for health-care workers and supportive care staff.

### A new approach to a longstanding challenge

In addition to coordinating the work and expertise of its partners, the ATOM Coalition's innovative collaborative approach also involves working with other ongoing access initiatives aimed at generating synergies and streamlining efforts between in-country and global partners.

The ATOM Coalition will look to achieving this by:

- ➔ **Focusing on a more efficient negotiation mechanism** of EML cancer medicines with generic and biosimilar manufacturers – moving away from single solution approaches that involve the negotiation of one medicine with one country or one organization at a time.
- ➔ **Enlarging the market where countries are better able to receive medicines** – achieving economies of scale and increasing country purchasing power, which can ultimately lower prices of medicines and diagnostics services.
- ➔ **Creating a compelling access option** for biopharmaceutical companies for future innovative cancer medicines where they do not currently operate.

### In-country focus

In the initial phase of operations, ATOM Coalition partners will target 46 LLMICs, which were chosen based on their health system readiness. In parallel, the Coalition will help to deliver intense, coordinated capacity building activities to a subset of

up to five countries in its initial phase.

The selection of this subset will be based on a range of criteria, including the current presence of ATOM Coalition partners, health system readiness, diagnostic capability, the number of essential medicines already listed on their national EMLs, the existence of other access programmes in the country and the willingness of manufacturers to make their medicines available in those countries.

### Selecting priority medicines for greatest impact

The ATOM Coalition has convened a Medicines Expert Advisory Group on the selection of essential cancer medicines to help prioritize which medicines the Coalition should focus on initially.

The Advisory Group includes individuals who are also members of the Medicines Patent Pool Advisory Committee and members of the WHO Expert Committee on Selection and Use of Essential Medicines, as well as representatives from the Access to Medicine Foundation and the American Society for Clinical Pathology. Together, they have recommended prioritizing medicines listed on the WHO Model List of Essential Medicines that target those cancers that cause the heaviest mortality in LLMICs: lung, colorectal, breast, cervical, prostate and childhood cancers.

Guided by this list, which is expected to expand in future years, the Coalition will focus on improving access to these medicines in the ATOM Coalition target countries.

### The role of health finance

Progress in cancer control around the world, particularly in LMICs, has been hampered by challenges in mobilizing financial resources to initiate and scale up cancer control activities.

Financing for health is one of the core building blocks of health systems, and includes three main activities:

- ➔ Raising funds to invest in health services.
- ➔ Reducing financial barriers to access health services across the continuum of care, from health promotion and prevention through to diagnosis, treatment, and palliative care.
- ➔ Assessing the distribution of investments to increase the effectiveness of health systems and to reduce inequities.

For the most part, financing for cancer has not been an easy proposition in LLMICs. There is a longstanding misconception that cancer control is too expensive or too complicated to deliver, particularly in LLMICs, which significantly reduces the willingness of funders to invest in cancer control services.

Funders and potential investors are also challenged by limited data on investment needs, as well as limited awareness of the available cost-effective interventions for cancer, or

likely returns on investment in cancer services. Traditionally, it has also been difficult to integrate cancer within international financing mechanisms, to provide catalytic funding for LLMICs particularly.

### **Rethinking how we invest in health – collaborating to finance access to cancer medicines**

Among the ATOM Coalition partners working on health financing is the Health Finance Institute (HFI), a global-health non-profit working directly with implementers, funders and financial institutions to develop strategic financing solutions and partnerships to catalyze investment in noncommunicable diseases (NCDs), including cancer.

Traditional sources of funding on their own – such as government funding and development funding – are largely insufficient to address the growing cancer burden. As national health budgets tighten and aid funding continue to place other development issues ahead of chronic diseases, sustainable innovative financing is becoming an increasingly key solution to meeting the financial gap.

Innovative financing tools can play a central role in helping to close the access gap to cancer medicine and diagnostics, assisting to secure lower prices, sustaining supply, accelerating and increasing programme scalability through the catalysation of investment, aligning country requirements, suppliers and investors, as well as increasing transparency among investing parties.

Innovative finance (1) is a broad term for a wide range of mechanisms, including:

- government funding schemes;
- blended finance;
- novel private insurance;
- multi-source crowdfunding;
- financial services.

It offers solutions far beyond that which government and philanthropy alone can provide. Therefore, it aids in attracting private capital to address typically underfunded sectors by creating new markets and reaching underserved beneficiaries.

By utilizing the various mechanisms of innovative financing, development finance and philanthropic funds can be leveraged to attract additional private investment in cancer. As a result, some of the risk can be mitigated by investing in developing countries that may provide an opportunity for a higher rate of return to the private investor.

Successful innovative financing does not necessarily require input from all sectors but will always involve collaboration between at least two of these sectors, one of which is likely to be a governmental body. NGOs often maintain strong relationships with local communities and are therefore well

suited to identify opportunities to facilitate collaborations for innovative finance mechanisms, while private/industry partners provide capital expertise and can reduce the overall and transaction costs of new innovative financing mechanisms.

Financial partners – including investors, development banks, national banks, venture philanthropists, social impact investors accepting a lesser return in presence of social impact – are critical stakeholders in innovative financing partnerships. Their role is to manage capital, invest and provide capital expertise. Sometimes a financial partner may be a “non-traditional” financing partner.

For example, a pharmaceutical company that provides oncology medicines at a reduced cost may act as the financial partner in an arrangement with a local government, which results in increased access to oncology medicines, while the pharmaceutical company benefits from increased revenue from a previously untapped market (even if returns are smaller due to discounts) and demonstrating their commitment to access initiatives.

Each sector plays a distinct and critical role in the success of sustainable, innovative financing. By providing a platform for the different stakeholders across the sectors to come together, the ATOM Coalition will help to form partnerships that can catalyze investment so that access programmes in LLMICs can scale up and function more efficiently, providing better care to more people.

### **Innovative financing for access to oncology medicines and services**

In low-income settings, financing mechanisms for cancer can include expanding universal health schemes to cover essential cancer services, as well as coordinating with organizations working in other fields such as HIV/AIDS, malaria, tuberculosis or COVID-19 to mobilize resources for outreach and prevention, harness new diagnostic technologies from COVID-19, and improve data collection.

The Nigeria Cancer Health Fund (Nigeria CHF) is a model example of how innovative financing can be used in LLMICs to increase access to cancer medications and cancer care. The Nigeria CHF is a public-private partnership led by the global pharmaceutical company and ATOM Coalition partner, Roche, in partnership with the Nigeria National Health Insurance Scheme. Currently in its pilot phase, the programme has been implemented in public health institutions across each of Nigeria’s six geopolitical zones, and by providing funding for medications and treatment of breast, cervical and prostate cancer for eligible patients.

The recently launched Global Platform for Access to Childhood Cancer Medicines, a US\$ 200 million investment by St Jude Hospital in partnership with the World Health

Organization, is also a promising example of innovative financing, inspired by the partnership model of the Global Fund to Fight AIDS, TB and Malaria, to increase the availability of quality cancer medicines for children in LLMICs.

Both examples demonstrate how innovative financing mechanisms can help accelerate greater access to oncology medicines, through public-private partnerships. The ATOM Coalition is uniquely placed to facilitate these partnerships that bridge across sectors and act as an entry point for innovative financing.

### How the ATOM Coalition will help generate sustainable health financing

Making medicines available to the people who need them, when they need them in some of the most resource-limited countries is a sizeable undertaking and requires a different approach to investment.

One of the areas where ATOM Coalition partners aim to deliver greatest impact is in supporting governments in LLMICs to develop sustainable health financing; particularly to cover the investment in adequate staffing, diagnostics capacity and medicines for cancer treatment. To do so, Coalition partners such as the Health Finance Institute (HFI) will support governments to explore, design, structure and implement highest impact financing mechanisms and solutions that addresses the country's identified needs and priorities.

By also connecting Coalition partners with UICC's global network of over 1,200 member organizations in 172 countries who are embedded in their local communities, will help to strengthen and coordinate in-country and international actions and integrate innovative financing with capacity building programmes.

### Achieving impact in the next few years

The ATOM Coalition seeks to build a sustainable operating model to ensure that today's effective medicines are more widely available across countries in a sustainable manner and facilitate access over time to new medicines that can have a significant health impact in LLMICs. This will take a holistic approach and entail leveraging all the solutions at our disposal, including sustainable, innovative financing, to

address system level challenges holding back countries from having access to the range of effective, affordable life-saving medicines available today to treat people living with cancer. ■

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2. Bhadelia A, De Lima L, Arreola-Ornelas H, Kwete XJ, Rodriguez NM, Knaul FM. Solving the Global Crisis in Access to Pain Relief: Lessons From Country Actions. *Am J Public*

*Health.* 2019 Jan;109(1):58-60. doi: 10.2105/AJPH.2018.304769. Epub 2018 Nov 29. PMID: 30495996; PMCID: PMC6301382.

3. "Innovative financing" is a term used to describe financing approaches and models addressing development challenges that remain insufficiently addressed by traditional aid flows and which may try to leverage additional financing – often from the private sector – and/or attempt to provide financing more quickly, efficiently and with more reliable and greater impact. Innovative financing includes a range of models or approaches such as social enterprise, impact investment, transaction taxes and levies on goods and services". <https://futurehumanitarianfinancing.files.wordpress.com/2015/01/fhf-innovative-financing.pdf>