

International Federation  
of Pharmaceutical  
Manufacturers & Associations



ENHANCING ACCESS TO  
**cancer care**





# FOREWORD

Cancer is one of the leading causes of death worldwide. Over 8 million people die from cancer each year with 14.1 million new cancer cases in 2012. It is expected that annual cancer cases will rise from 14 million in 2012<sup>1</sup> to 22 within the next two decades. As life expectancy increases cancer will progressively impact societies' health and become a heavier economic burden for countries.

Developments in cancer treatments in the past couple of decades have extended and improved the lives of patients and have avoided unnecessary treatments and procedures. Research and development is constantly evolving and providing hope. Since 1980, 83% of life expectancy gains for cancer patients are attributable to new treatments, including medicines<sup>2</sup>.

Success in developing cancer treatment does not happen quickly and is built on ongoing investments. Due to the complicated nature of cancer, clinical research for these medicines takes an average of 1.5 years longer than treatments for other disease areas<sup>3</sup>.

While treatment remains a critical factor, addressing cancer requires recognition of its complexity and management. To improve cancer care, actions should be taken

throughout the whole continuum of care. Stages such as prevention, diagnosis or palliative care all play an important role in the overall improvement of cancer care.

Addressing challenges related to cancer requires a holistic intersectoral approach, in which all key stakeholders are encouraged to work together and address cancer by looking at its different stages.

For instance, limited knowledge of innovative treatments from patients, health care professional and political deciders still impacts cancer management. On another note, supporting further innovation requires adaptation of regulatory and public health policies.

In this booklet, we have compiled a series of cancer access programs developed by research-based biopharmaceutical companies to facilitate affordable and timely access to innovative cancer treatments. Our objective is to inform patients, governments and healthcare professionals of the existing initiatives, draw attention to the different barriers to the development and uptake of cancer medicines but also highlight the benefits of a more collaborative approach among stakeholders to improve cancer care pathway.

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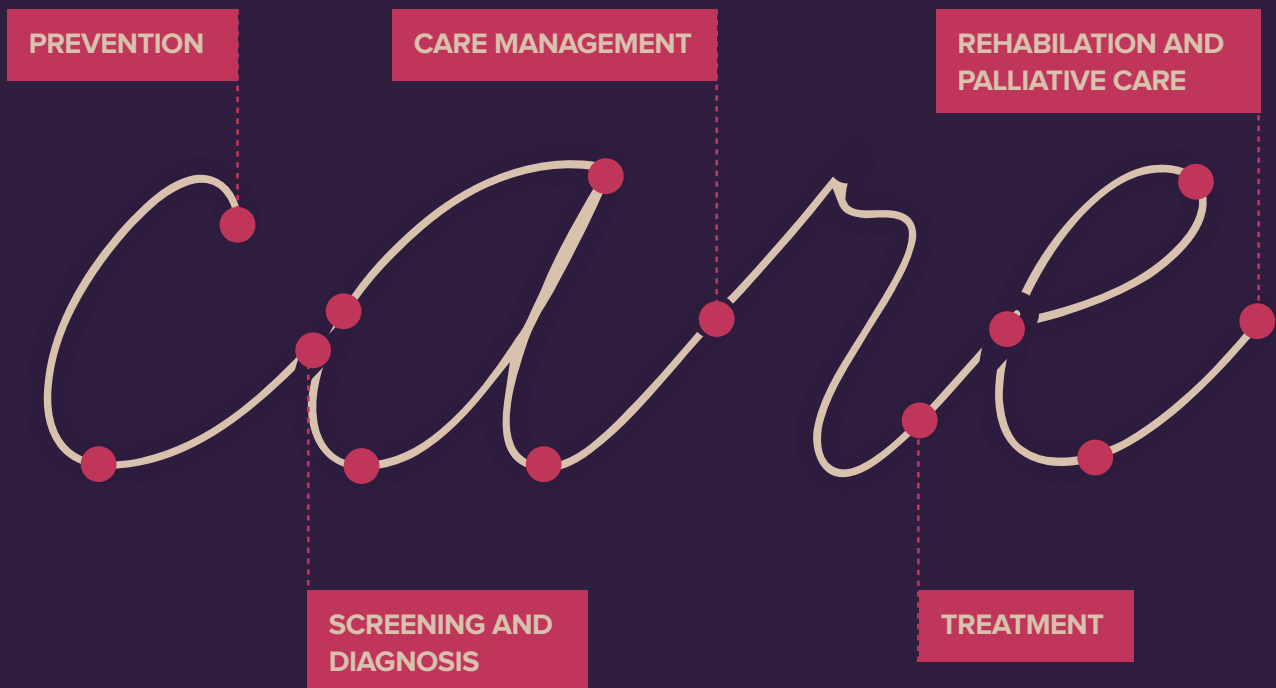
1 Globocan 2012, International Agency for Research on Cancer (IARC).

2 American Cancer Society. "Cancer Facts & Figures 2013." Atlanta, GA: American Cancer Society, 2013.

3 DiMasi JA and Grabowaki HG. Economics of New Oncology Drug Development. *Journal of Clinical Oncology*. 2007, 25(2): 209-216.

# CONNECTING THE DOTS OF THE CANCER CONTINUUM OF CARE

Addressing the issue of cancer from a political standpoint is extremely complex given the number of variables coming in to play. It is widely agreed that adequate cancer care needs an integrated approach which should entail working in a continuum of several stages, from prevention to treatment. While there is a vivid debate in the scientific community on the number and the nature of these stages, this paper focuses on five important phases in a non-exhaustive list that attempts to map a care continuum.



## Prevention

Preventing cancer and non-communicable diseases in general, is a cost-effective strategy to manage the burden of cancer. Prevention of cancer includes tobacco cessation, consumption of healthy foods and beverages, increased health awareness and literacy. For example, obesity is now acknowledged as a risk-factor for cancer.

In high income countries (HICs) preventative approaches may target cancers involving breast, lungs, prostate and colon, and could be supported by behavioral change. In low and middle income countries (LMICs), more

than 20% of cancers are due to chronic infections. This evidence supports the role immunization campaigns play in preventing certain cancers involving the cervix, liver, and stomach, such as the human papilloma virus, hepatitis B virus, and the helicobacter pylori bacterial infection. Environmental factors also play an important role in both HICs and LMICs. The World Health Organization (WHO) includes occupational carcinogens, radiation and pollution as important variables that may cause cancer.

While prevention often starts at the individual level, concerted preventive policies at government and societal levels have proven

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WHO estimates that with the right planning in place, one third of the most common cancers can be prevented<sup>4</sup>.

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3,073

There are 3073 projects in the pipeline for cancer treatments. This includes in particular, lung, prostate, and breast cancer, but also other rare types of cancers. This pipeline reflects how challenging the fight against cancer is – requiring sophisticated cutting-edge technology and pioneer approaches to medicine. Some of the latest R&D technologies include the use of nanotechnology to assist the delivery of medicines to malignant cancer cells, potentially overcoming some limitations of existing treatments.

<sup>4</sup> <http://www.who.int/mediacentre/factsheets/fs297/en/>

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“Personalized medicine is the next evolution in healthcare and holds out promise for the future development of effective cancer medicines. Through the introduction of personalized medicine, healthcare services will deliver ‘the right treatment to the right patient at the right time.’”<sup>5</sup>

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effective and should be fostered.

In the coming years prevention policies will benefit from advances in existing technologies, from mHealth solutions to the development of genetic maps which will allow early and more precise patient profile. As of today, regional and global initiatives are often focused on disease control rather than prevention.

### *Screening and diagnosis*

Primary prevention should be supported by more detailed approaches involving effective screening and diagnosis. The World Health Organization (WHO) defines screening as the use of simple tests across a healthy population in order to identify individuals who have the disease but do not yet have symptoms.

It is acknowledged that the general public needs to be motivated in many countries to take part in screening programs. Reluctance to go for screening is due to many causes including emotional reasons, insufficient or inaccurate information, lack of health systems infrastructure, and financial considerations. In some countries, stigma associated to some diseases and the testing required impacts the ability to effectively diagnose cancers like cervical and breast cancers. In HICs,

even though health literacy is high, further action is needed to incentivize people to take responsibility for their own health.

In most LMICs detection and screening are still at early technological stages but effective interventions do exist in areas like breast and cervical cancers. Effective screening requires several variables to be in place, including trained staff, adequate equipment and facilities, sufficient epidemiological data, and ability to carry out follow up testing.

Information and data is another key challenge when addressing cancer. Valuable tools for data collection are cancer-registries, which provide valuable insights on the burden and patterns of cancer in specific geographic and disease areas. Registries also help better focusing research prevention efforts and understand the true costs associated to the disease. Despite their primary role, cancer registries may not be present or be of sufficiently high quality in many LMICs.

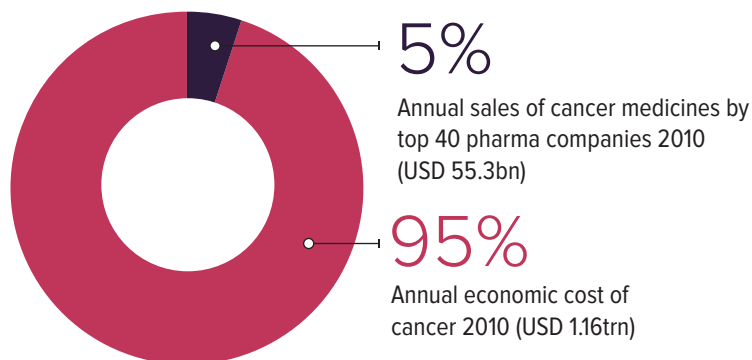
### *Care management*

Managing cancer requires adequate infrastructures. Inequalities in care management exist in both LMICs and many

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5 Boyle P, Sullivan R, Zielinski C and Brawley OW. (Eds). State of Oncology 2013. IPRI, Lyon, France (2013), p.386

## GLOBAL COST OF CANCER



Source: International Agency for Research on Cancer (IARC), Data Monitor Healthcare, World Cancer Report 2014.

HICs countries. In LMICs, there is no or limited basic health care infrastructure such as hospitals, clinics, testing laboratories. Issues include the number of oncologists, the hospital infrastructure, technology for diagnosis or treatment, along with the number and availability of laboratory technicians, pathologists and general healthcare workers.

In HICs challenges may include: number and availability of oncologists, insufficient education of general physicians (potentially identifying a need for an intermediary layer), training of surgeons, limited empowerment and poor cancer education of patients in some countries.

Adapted care management entails upgrading, where needed, Clinical Good Practices;

consider *task-shifting* and redistribution of resources for in-patients and out-patients, or using pragmatic approaches like telemedicine, offering an opportunity for many LMICs to step up management of care.

Once the diagnosis and degree of spread of the tumor have been established, a decision must be made regarding the most effective cancer treatment in the given setting. Early and appropriate treatment can avoid much more expensive interventions, such as surgery and hospital stays which helps provide additional capacity and reduce healthcare budgets.

### Treatments

Developments in cancer treatments in the past couple of decades have extended and improved the lives of patients. Innovative research and development has significantly advanced cancer care. Success in developing cancer treatment does not happen quickly and is built on on-going investments in research and development. Over the past number of decades we have seen innovation increase cancer survival rates. This was due to an increase in development of cancer medicines as a consequence, among others, of advances in molecular biology and gene mapping. This has allowed researchers to look at cellular processes and design medicines that specifically attack or inhibit processes that

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The success of access programs is based on a strong healthcare system where local health authorities, civil society and industry work collaboratively to ensure sustainable patient care.

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“In most of the world, the majority of cancer patients are in advanced stages of cancer when first seen by a medical professional. For them, the only realistic treatment option is pain relief and palliative care. Effective approaches to palliative care are available to improve the quality of life for cancer patients.” **WHO**

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are critical to the growth of particular cancers. Targeted therapies and further innovation will bring considerable value to patients and society including a greater understanding of the disease and savings in the long term.

The cost of innovative treatments can be offset by efficiencies made through reduced disability – adjusted life years lost, lower risk of recurrence and better chances of survival. Innovative medicines also play a role in moving treatment from acute hospital setting, especially at end of life, to allow patients to be treated at home.

Looking at the overall cost of the disease, the International Agency for Research on Cancer (IARC), Data monitor Healthcare, World Cancer Report 2014 estimates that annual sales of cancer medicines by the top 40 pharmaceutical companies in 2010 constituted 5% of the annual economic cost of cancer in 2010, for a total of USD 1.1 trillion. The most significant portion of costs is linked with hospitalization, premature death and poor rehabilitation and re-integration programs.

Patients are often confronted with several challenges at the end of their treatment cycle as they run the risk to be left without a supportive framework. Optimizing transfer from an in-patient to an out-patient status will have many beneficial impacts at individual, societal, and economic levels. Achieving out-patient status requires adequate ambulatory logistic to

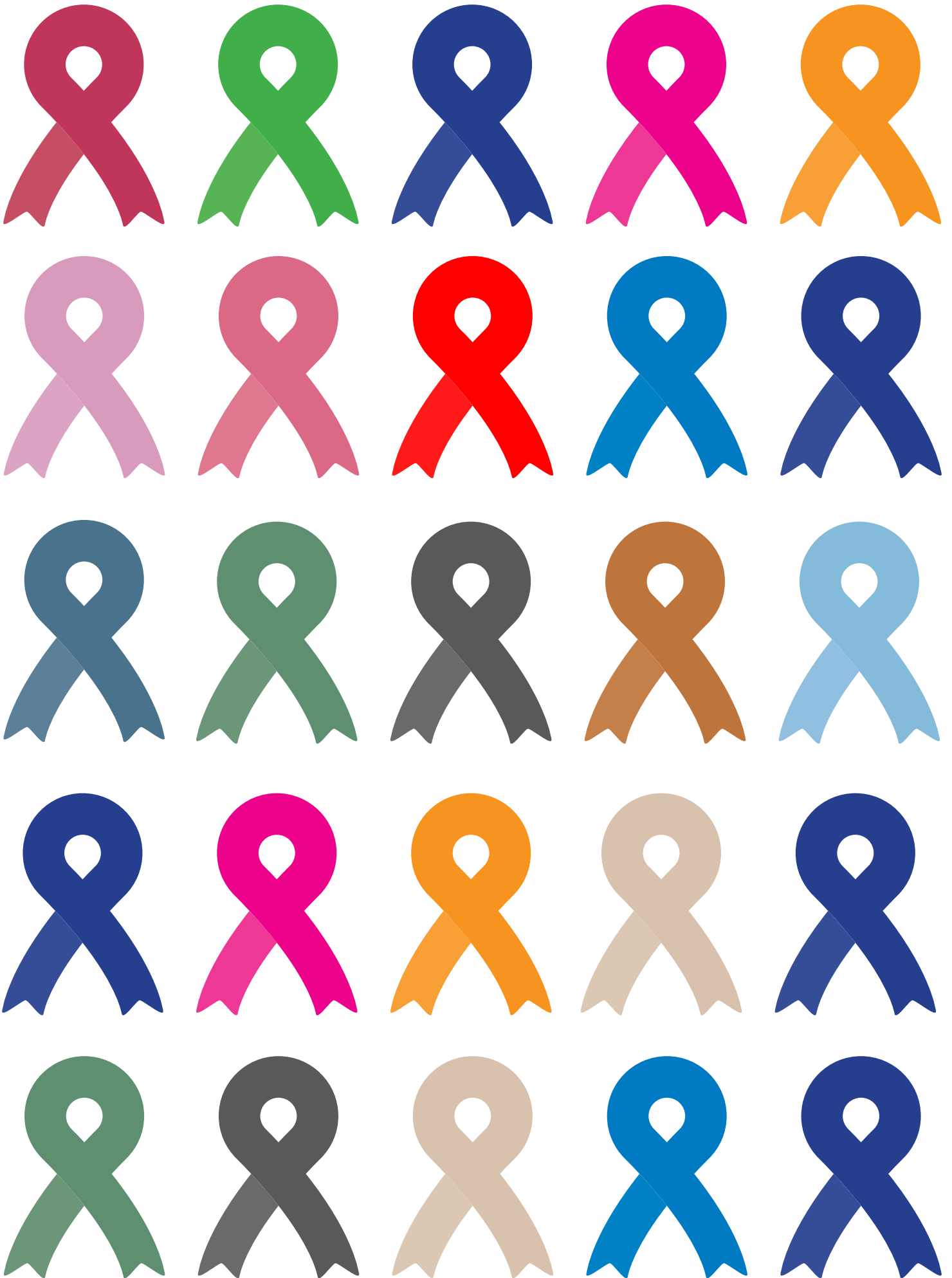
ensure an efficient home care, including para-medical and social assistance. Other aspects like keeping patients active, connected to the community, and able to work from home are critical to accelerate reintegration in a normal lifestyle and workplace.

### *Palliative care*

When cancer is untreatable, palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support to patients from diagnosis to the end of life and bereavement.

Palliative care should be tied to the human dignity of the individual and requires a team (doctor, nurses, social assistants, psychologists) that is well prepared to face emotionally and medically significant challenges, including relationships with the patient and the family, competencies and dedication, and pain management knowledge.








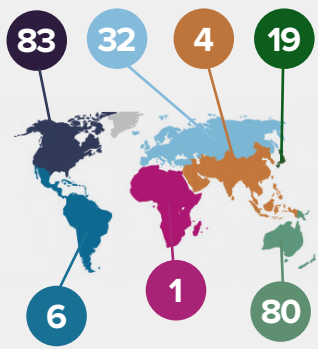





# CANCER CARE: CHALLENGES & ACTIONS



## LEADERSHIP

Strategic leadership is needed to address several challenges and sustain current and new initiatives.

	 <b>SCIENTIFIC</b>	 <b>DATA</b>	 <b>LOGISTIC/CAPACITY</b>
<b>CHALLENGES</b> 	<ul style="list-style-type: none"> <li>Challenges associated with unanswered questions that stem from the scientific complexity of the disease.</li> </ul>	<ul style="list-style-type: none"> <li>The lack of population-based cancer registries in developing countries hinders prevention and control of the disease.</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate cancer care infrastructures in LMICs.</li> <li>Limited number of specialized healthcare workers.</li> <li>Limited participation from patients in clinical trials.</li> </ul>
<b>FACTS</b> 	<p><b>Cancer is more than 200 diseases</b></p> <p>all of which have different causes &amp; treatments<sup>1</sup></p>	 <p>Percentage of population covered by cancer registries<sup>2</sup></p>	  <p><b>1 doctor</b></p> <hr/> <p><b>50,000 people<sup>3</sup></b></p>
<b>ACTIONS</b> 	<ul style="list-style-type: none"> <li>Support research to define the value for patients of treatment.</li> <li>Foster consortiums and others ways to work together in order to share scientific knowledge.</li> </ul>	<ul style="list-style-type: none"> <li>Develop capacity in countries to improve the quality and completeness of cancer registries.</li> <li>Enhance the importance of robust database to monitor and evaluate the impact of specific interventions in targeted populations.</li> </ul>	<ul style="list-style-type: none"> <li>Adapt existing health infrastructures to specific needs.</li> <li>Raise awareness on opportunities to participate in cancer clinical trials.</li> </ul>

1 <http://www.cancerresearchuk.org/about-cancer/cancers-in-general/cancer-questions/how-many-different-types-of-cancer-are-there>

2 <http://www.uicc.org/programmes/global-initiative-cancer-registry-development-gicr>. Within regions disparities exist in terms of coverage across countries.

3 [www.who.int/hrh/statistics/en](http://www.who.int/hrh/statistics/en)

This infographic is based on "The Cancer Policy Environment, Barriers to Faster Oncology Innovation, and Strategies for Moving Forward", PACE global council meeting 2012. The content has been adapted and expanded.



### ECONOMIC

- Diverging perceptions on the actual treatment value including the relative cost of medicines compared to total care expenditure.



### LEGAL/REGULATORY

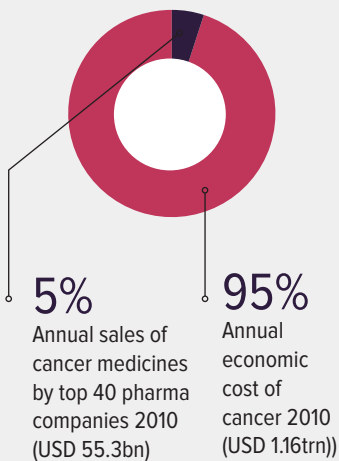
- Differences in assessment of the medical value of new treatment across countries.
- Regulatory requirements for clinical trial designs not always adapted to new therapies.



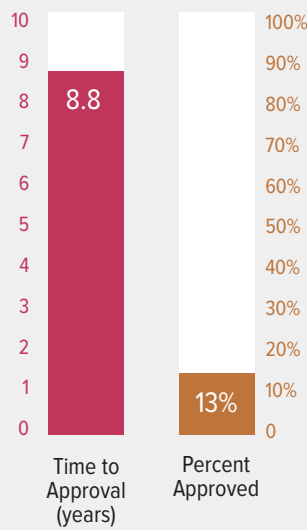
### CULTURAL

- Cultural differences influence cancer approach on:
- Patient's role in the continuum of care.
  - The prioritization of certain cancers.
  - The importance given to prevention, screening and palliative care.

#### Global Cost of Cancer<sup>4</sup>



#### Cancer New Medicines: Regulatory Challenges<sup>5</sup>



#### Myths and perception of cancer which can present challenges to cancer control<sup>6</sup>

- Death/Helplessness - "cancer is always fatal"
- Fear - "cancer is a punishment"
- Pain and suffering
- Loss of control and independence
- Isolation - Silence surrounding the disease, especially gynecological and breast cancers

- Increase international collaboration among stakeholders to define value of novel interventions.

- Develop more adapted pathways that can keep pace with advances in cancer innovation and patients expectations.
- Harmonize regulatory requirements within regions.

- Increase patient engagement in discussions.
- Development of more prevention programs and national action plans from governments.

4 International Agency for Research on Cancer (IARC), Data Monitor Healthcare, World Cancer Report 2014.

5 Metrics on Technical Risks, Clinical Development Times and Approval Times For Cancer Drugs, Joseph A. DiMasi, PhD ASCO/IOM Workshop Washington, DC February 2013. Available at [http://www.iom.edu/~media/Files/Activity Files/Disease/NCPF/2013-FEB-11/DiMasi.pdf](http://www.iom.edu/~media/Files/Activity%20Files/Disease/NCPF/2013-FEB-11/DiMasi.pdf)

6 M. Daher, Cultural beliefs and values in cancer patients, Annals of Oncology 2012 23: 66-69.



— THE —  
**CANCER  
PROGRAMS  
DIRECTORY**  
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## WHO ARE THE BENEFICIARIES?

This publication includes examples of cancer access programs undertaken by IFPMA member companies which specifically target both people with low income and patients in needs of treatment. Programs aim to improve treatments gaps where urgent and needed. The vast majority of these initiatives targets women and children's cancers.

## WHAT ARE THE OBJECTIVES OF THESE PROGRAMS?

Programs presented in this directory aim at:



**FACILITATING ACCESS** to medicines, vaccines and diagnostics. We believe that it is possible to reconcile access with efficient and innovative treatments.



**STRENGTHENING COUNTRIES HEALTH CAPACITIES** to allow for a more integrated care management. We believe that cancer should be dealt with throughout the continuum of care.



**ACCELERATING INNOVATION.** We believe that innovation does not happen in a vacuum. The alignment of public policies with new scientific, technical, logistic and economic challenges is indispensable to ensure both improved access and sustainable innovation.

## GEOGRAPHICAL TARGET

Industry cancer programs cover all six regions and benefit more than 80 countries throughout the world.

6 regions

80 countries

## PARTNERSHIPS

Cancer management can only happen through a multi-stakeholder effort. All programs presented in this publication are the result of the collaborative efforts between industry, health care workers and civil society in pooling expertise and finding tailored solutions adapted for each patient.

For more information visit: [partnerships.ifpma.org](https://partnerships.ifpma.org)




# PATIENT ACCESS PROGRAM

**ROCHE**


**Health Needs**

In the Philippines, there is limited public funding of healthcare and patients often have to pay out of their own pocket for treatment. Around 20% of the population have medical insurance plans through their employer; the other 80% have to pay out of pocket. The government-owned Philippine Healthcare Insurance Corporation (PhilHealth) provides basic national healthcare coverage, however, it doesn't include treatment with biologics. Biologics is a relatively new class of medicines that includes Herceptin (trastuzumab), a Roche treatment for targeted therapy of HER2-positive breast cancer. At the start of the program, less than 10% of patients with HER2-positive breast cancer were receiving Herceptin and a large number of patients could not adhere to full treatment duration due to cost. Today, access to Herceptin has more than tripled, thanks to this program.

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**COUNTRIES/REGIONS**  
East Asia & Pacific – The Philippines

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**BENEFICIARIES**  
Mothers, patients in needs of treatment, people with low income, women

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**DISEASES**  
Breast cancer

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**FOCUS**  
Access to medicines, care

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**IMPACT**  
Over 30% of patients who may not have received treatment otherwise now receive Herceptin through the discount program. More patients are able to complete the full treatment duration.

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**STARTING DATE**  
2010 - on-going

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**MORE INFORMATION**  
[http://www.roche.com/sustainability/for\\_patients/access\\_to\\_healthcare/making\\_innovation\\_accessible/ath\\_pricing.htm](http://www.roche.com/sustainability/for_patients/access_to_healthcare/making_innovation_accessible/ath_pricing.htm)

**PROGRAM OBJECTIVE**

Increase access to healthcare by developing a pricing program tailored to patients ability to pay.

**PROGRAM DESCRIPTION**

The Roche Patient Access Program was established to help people who are financially constrained, through a socialised pricing program that considers the individual affordability level of a patient. Physicians refer patients to the program, who are then assessed by an independent third party on their ability to pay. Qualified patients receive a discounted price for Herceptin based on their financial status. This differential pricing improves access to products for poorer patients without impacting the price for patients able to pay out of pocket.

As Herceptin works primarily in patients that have a cancer driven by over-expression of a protein called 'HER2', it is critical to have a reliable HER2 test before deciding on treatment. Hence, Roche has established HER2 programs to create awareness of the need for HER2 testing and to improve testing accuracy.

As another way to improve healthcare coverage, Roche has partnered with Philam and five health management organisations to develop cancer insurance programs.



# GLIVEC® INTERNATIONAL PATIENT ASSISTANCE PROGRAM (GIPAP™)

**NOVARTIS**  
Health Needs

There exists a lack of access to and reimbursement for cancer treatment in low and middle income countries.

**PARTNERSHIP OBJECTIVE**

- Ensure access to Glivec for patients in need.
- Guarantee effective management of the program.
- Support the drug distribution and tracking process.

**PARTNERSHIP DESCRIPTION**

Novartis established Glivec® International Patient Assistance Program (GIPAP) as a response to lack of access to and reimbursement for treatment in low and middle income countries. GIPAP's aim is to provide breakthrough drug, Glivec, at no cost to patients with certain forms of chronic myeloid leukemia (CML) and gastrointestinal stromal tumors (GIST), who would not otherwise have access to treatment. GIPAP also provides patients with access to support groups, treatment and disease information, education and emotional support to help manage their illness.

Novartis partners with physicians and international health organizations to facilitate access to Glivec. To reach as many CML and GIST patients in need as possible in low and middle income countries. GIPAP partners have established clear roles for the partners and a clear process for the program, engaged local governments and officials, and educated local partners to gain their support and commitment.

**CHALLENGES**

Early engagement with governments in GIPAP countries is essential and clear program criteria are vital to the success of a program of this size and ambition. Equally important is clarity on the roles and responsibilities of all parties involved along with standard operating procedures to standardize processes across many disparate countries. Education on the program for physicians, governments, patients, distributors and others involved is also crucial.



**COUNTRIES/REGIONS**

East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia, sub-Saharan Africa – 80 countries worldwide.



**BENEFICIARIES**

Patients in needs of treatment, people with low income, women



**DISEASES**

Chronic myeloid leukemia (CML) and gastrointestinal stromal tumors (GIST)



**FOCUS**

Care, access to medicines



**IMPACT**

Over 60,000 patients have received free Glivec through GIPAP



**STARTING DATE**

2002 - on-going



**MORE INFORMATION**

<http://www.themaxfoundation.org/GIPAP/Default.aspx>



# PATIENT ASSISTANCE PROGRAM

**ROCHE**

**Health Needs**

In China there is limited reimbursement of biologic medicines and a nascent health insurance market, so the majority of patients have to pay out-of-pocket. In addition, physicians often do not prescribe targeted treatments, such as Herceptin for treating HER2-positive breast and gastric cancer, due to low quality HER2 testing and suboptimal duration of treatment as patients cannot afford to stay on treatment.



**COUNTRIES/REGIONS**

East Asia & Pacific – China



**BENEFICIARIES**

Patients in needs of treatment, people with low income, women



**DISEASES**

Gastric and breast cancer



**FOCUS**

Diagnostics, care, access to medicines



**IMPACT**

In 2013 alone, 16,456 patients accessed Herceptin through the PAP.



**STARTING DATE**

2011 - on-going



**MORE INFORMATION**

[www.roche.com/ath\\_china\\_pap](http://www.roche.com/ath_china_pap)

**PARTNERSHIP OBJECTIVE**

Improve awareness, testing and treatment of breast and gastric cancer in China through a patient assistance program (PAP).

**PARTNERSHIP DESCRIPTION**

To address affordability, in collaboration with the Cancer Foundation in China and the Ministry of Health, Roche launched a patient assistance program (PAP) in August 2011. Under the program, after a patient has taken the first six cycles of Herceptin treatment, Roche donates the next eight cycles, through the Cancer Foundation, so that patients complete the full course of treatment.

Roche also supports patient education programs on breast cancer, offered by the Chinese Anti-Cancer Association, to increase awareness of disease and the importance of early diagnosis, and collaborates with the pathologist’s association to improve HER2 testing quality.





# GARDASIL ACCESS PROGRAM

**MSD**

**Health Needs**

Cervical cancer is the second most common cancer in women worldwide, with about 500,000 new cases and 250,000 deaths occurring each year. Almost 80% of cases occur in low-income countries, where cervical cancer is the number one cause of cancer in women. Virtually all cervical cancer cases (99%) are linked to genital infection with human papillomavirus (HPV), a family of virus types which also causes genital warts and other forms of cancer.

**PROGRAM OBJECTIVE**

Increase access to human papillomavirus (HPV) vaccination.

**PROGRAM DESCRIPTION**

Merck is pursuing a systematic and thoughtful approach to expanding access to GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] in the developing world including a number of initiatives to study the public health impact of routine vaccination programs and to accelerate the introduction of vaccines in resource-poor countries.

Through the GARDASIL Access Program, launched in 2007, MSD has donated over 1.2 million doses of MSD's HPV vaccine to support the development of successful immunization programs in lowest income nations. The program enables applicants to gain operational experience in designing and implementing small-scale HPV vaccination projects. Experiences and lessons learned are being disseminated in an effort to contribute to the public knowledge base on HPV vaccine access and child and adolescent immunization models.

The country partners have shown promising results in demonstrating the feasibility of implementing HPV vaccination programs in low-resource settings. In both Bhutan and Rwanda, a vaccination rate exceeding 90% was achieved during the first year of the programs, according to the respective Ministries of Health.



**COUNTRIES/REGIONS**

East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, South Asia, sub-Saharan Africa – Bhutan, Bolivia, Cambodia, Cameroon, Georgia, Ghana, Guyana, Haiti, Honduras, India, Kenya, Kiribati, Lesotho, Moldova, Nepal, Nicaragua, Papua New Guinea, Peru, Tanzania, Uganda, Uzbekistan, Vietnam



**BENEFICIARIES**

People with low income, women, youth



**DISEASES**

Cervical cancer



**FOCUS**

Vaccines



**IMPACT**

To date, 1,337,830 doses of GARDASIL have been shipped to 25 participants in 21 countries, enough to vaccinate more than 445,900 eligible girls.



**STARTING DATE**

2007 - on-going



**MORE INFORMATION**

<http://www.gardasilaccessprogram.org/section/169>



# PINK RIBBON RED RIBBON PARTNERSHIP (PRRR)

**GLAXOSMITHKLINE , BRISTOL-MYERS SQUIBB, MSD, QIAGEN**

**Health Needs**

Cervical cancer is the most common women’s cancer in sub-Saharan Africa and is the third-most common cancer in women, with 530,000 new cases and 275,000 deaths each year. An estimated 80-90% of women in sub-Saharan Africa never have pelvic exams. More than 85% of the global burden of cervical cancer occurs in developing countries, yet the World Health Organization estimates fewer than 5% of these women have access to screening even once in a lifetime. Cervical cancer is four to five times more common among women who are HIV-positive.



**COUNTRIES/REGIONS**

Sub-Saharan Africa – Botswana, Tanzania, Zambia, Ethiopia and Namibia



**BENEFICIARIES**

Patients in need of treatment, people with low income, women, mothers



**DISEASES**

Cervical and breast cancer



**FOCUS**

Diagnostics, vaccines



**IMPACT**

In 2013, over 18,000 girls were vaccinated against HPV, over 73,000 women were screened for cervical cancer.



**STARTING DATE**

2011 - on-going



**MORE INFORMATION**

<http://pinkribbonredribbon.org/>

**PARTNERSHIP OBJECTIVES**

- Reduce deaths from cervical cancer by an estimated 25% among women screened and treated through the initiative.
- Significantly increase access to breast and cervical cancer prevention, screening and treatment especially for high-risk HIV-positive women.
- Create innovative models that can be scaled up and used globally.

**PARTNERSHIP DESCRIPTION**

Pink Ribbon Red Ribbon is an innovative partnership to leverage public and private investments in global health to combat cervical and breast cancer – two of the leading causes of cancer death in women - in developing nations in sub-Saharan Africa and Latin America.

The cervical cancer partnership will leverage the platform and resources of PEPFAR and will draw from lessons learned in the significant scaling-up of access to HIV interventions in recent years. Since breast cancer has not been linked to HIV, PEPFAR funds will not be used for direct support of breast cancer activities. However, other Pink Ribbon Red Ribbon partners will leverage the PEPFAR platforms, using other sources of funding, to support breast cancer efforts.



# GIVING LIFE A CHANCE

## SANOFI

### Health Needs

Breast cancer is among the most acute women’s health problems in Russia. Each year, 59,500 women in Russia are diagnosed with breast cancer and over 23,500 women die from it. In Russia, the survival rate of breast cancer women is half of the rates in other countries, such as the U.S.A. or European ones, as only a limited number of patients gets access to quality treatment. Only 26% of Russian women receive modern treatment in line with international standards.

#### PROGRAM OBJECTIVE

- Save the lives of Russian women diagnosed with breast cancer.
- Drive public and stakeholders’ (officials, general public, medical community) attention to the problem of breast cancer treatment in Russia, and importance of diagnosis at early stage and access to modern treatment.

#### PROGRAMS DESCRIPTION

Sanofi Russia launched an awareness campaign and support programs for breast cancer patients in cooperation with the leading Russian cancer institutes and clinics. As part of a wide-ranging information campaign, both traditional and social media are used. The purpose of the campaign is to help identify breast cancer at an early stage of the disease and start timely therapy according to international standards. The program helped to draw attention of the Russian government officials to breast cancer issues in Russia. Since the beginning of the program in December 2010, 8878 women benefited from treatment. In 2013, the program was ranked among Russia’s Top 20 Best social projects for the second consecutive year. In the frame of “Giving life a chance”, in 2014, it is planned that 4,017 patients will be treated.



#### COUNTRIES/REGIONS

Europe & Central Asia – Russia



#### BENEFICIARIES

Women



#### DISEASES

Breast cancer



#### FOCUS

Availability of treatment - product donations, prevention programs - awareness & outreach



#### IMPACT

In 2013, 3,576 patients from 75 cities gained access to quality treatment in line with international standards.



#### STARTING DATE

2011– On going



#### MORE INFORMATION

<http://partnerships.ifpma.org/partnership/giving-life-a-chance>



# IMPROVING MOLECULAR GENETIC DIAGNOSIS OF CANCER IN RUSSIA

**MERCK**

**Health Needs**

According to the Moscow Ontological Research Institute (MNI) 2012 report, some 130,000 patients in Russia have colorectal cancer (CRC), and approximately 26% have metastatic colorectal cancer (mCRC.) The impact of CRC on population health is underestimated, largely due to the lack of a national screening program and limited access to innovative medicines and treatment. Colorectal cancer is an increasing problem in Russia, which has one of the highest incidences of CRC among the BRICS (Brazil, Russia, India, China and South Africa.)



**COUNTRIES/REGIONS**

Europe & Central Asia – Russia



**BENEFICIARIES**

Cancer patients in need of molecular diagnostic testing



**DISEASES**

Metastatic colorectal cancer (mCRC)



**FOCUS**

Testing access and facility validation



**IMPACT**

Close to 6,500 patients have received testing and nine labs in Moscow, St Petersburg, Kazan, Barnaul, Irkutsk and Novosibirsk have been validated for RAS molecular diagnostic testing



**STARTING DATE**

2011 - on-going



**MORE INFORMATION**

[www.cancergenome.ru](http://www.cancergenome.ru)

**PROGRAM OBJECTIVE**

- Provide Russian cancer patients and health workers with the knowledge, information and tools to make informed treatment decisions in mCRC through the availability of molecular genetic testing
- Raise awareness among stakeholders of the need for expanded access to molecular genetic testing in mCRC

**PROGRAM DESCRIPTION**

Since 2011, Merck Serono, the biopharmaceutical division of Merck, has supported the RUSSCO (Interregional Public Organization ‘Society of Medical Oncologists’) program ‘Improvement of molecular genetic testing in the Russian Federation.’ The objective of the program is to improve molecular genetic testing in patients with mCRC across Russia. This program has helped physicians treating mCRC to rationalize their treatment decision making. To date, almost 6,500 patients have received molecular diagnostic testing. In addition, Merck is running an external quality assurance program in association with the Pathology Institute of Ludwig Maximilian University, Munich through which nine labs in Russia have successfully been validated for genetic diagnostics. This laboratory network covers all 83 regions throughout Russia.



# HEAD AND NECK CANCER AWARENESS IN RUSSIA

**MERCK**  
Health Needs

Cancers of the head and neck are the fifth most common cancer type worldwide and account for more than 600,000 newly diagnosed each year. According to the Moscow Oncological Research Institute (MNIOR) report 2012, some 50,000 patients in Russia have cancer of the head and neck.

**PROGRAM OBJECTIVE**

- Save the lives of Russian head and neck cancer patients through early diagnosis and referral, plus support by multidisciplinary treatment teams
- Disease prevention and awareness raising among the general public as well as a diverse array of stakeholders, including the government and healthcare workers, of the problem of head and neck cancer in Russia and the importance of early diagnosis and access to treatment

**PROGRAM DESCRIPTION**

Merck participated in the European Head and Neck Cancer Awareness Week in Russia as part of the Make Sense Campaign, an international effort led by the European Head and Neck Society to raise awareness of head and neck cancer symptoms among the general population and healthcare workers. This initiative was supported locally by the Federation of Head and Neck specialists, and the Russian Society of Head and Neck specialists. In order to comprehensively and holistically raise awareness of Head and Neck Cancer, multidisciplinary teams of oncologists, ear, nose and throat (ENT) doctors as well as dentists took an active part in the campaign. As part of an extensive information campaign, various sources and information channels were used including regional TV, internet, social media, radio, printed materials and federal call-centers. This year, the campaign covered 32 clinics in 17 cities and over 6,000 patients were examined with 609 cancer and pre-cancer patients diagnosed.



**COUNTRIES/REGIONS**

Europe & Central Asia – Russia



**BENEFICIARIES**

Patients in need of testing and screening



**DISEASES**

Cancer of the head and neck



**FOCUS**

Disease prevention, testing, and multidisciplinary care



**IMPACT**

During the one week campaign in 2014, over 6,000 patients in 17 cities gained access to quality testing, screening and care in line with international standards



**STARTING DATE**

September 2014. this campaign is part of an ongoing awareness campaign



**MORE INFORMATION**

<http://makesensecampaign.eu/>



**BRISTOL-MYERS SQUIBB**

**Health Needs**

Cancer is the second-most common cause of death in Europe and remains a significant health problem. There are currently 3 million new cancer cases and 1.7 million deaths from cancer in the region each year. Central and Eastern European countries, however, have worse cancer incidence and mortality rates than the EU 15. Cancer illiteracy among the general population, lack of prevention and screening efforts, and limited health care resources are all seen as contributing factors to this gap.



**COUNTRIES/REGIONS**

Northern Africa – Algeria, Morocco, Tunisia



**BENEFICIARIES**

Marginalized/Indigenous people, women



**DISEASES**

Breast cancer



**FOCUS**

Facility, diagnostics, care



**IMPACT**

In 2013 alone, over 100,000 women have been screened.



**STARTING DATE**

2010 - on-going



**MORE INFORMATION**

<http://www.bms.com/news/features/2014/Pages/Empowering-Nurses-Central-Eastern-Europe.aspx>

**PARTNERSHIP OBJECTIVE**

Eliminate disparities in cancer treatment between Central and Eastern Europe and EU 15 countries by building healthcare worker capacity, training healthcare workers and increasing patient awareness, screening and treatment.

**PARTNERSHIP DESCRIPTION**

Bridging Cancer Care directs funding and develops partnerships to help narrow the differences in care and outcomes experienced by countries in Central and Eastern Europe. Priorities include capacity building for cancer nursing, health care worker training and cancer screening.

Bridging Cancer Care creates innovative partnerships with government and civil society organizations to support the public health response to cancer. Funding and initiatives are targeted at the community level for health care worker training (professional and lay), and for community mobilization, education and supportive services that remove barriers to care and support patients as they manage their disease at home and in the community.

Programs are evaluated for increases and improvements in care capacity and for improvement in patient health outcomes and quality of life.



# MOBILE BREAST CANCER SCREENING

**ROCHE**

**Health Needs**

Over two-thirds of all cancers in Algeria are diagnosed in late stage, and five-year survival is very low. In addition, the incidence of cancer, in particular breast cancer, has increased dramatically in the past two decades. Despite recent advances, a large number of women die from the disease primarily because of limited effective early detection, diagnosis and treatment strategies, particularly in rural areas. Algeria is the largest country in Africa, and sparsely populated towns in the interior are far away from each other, making it difficult for the health authorities to build the necessary healthcare infrastructure to fight cancer.

**PARTNERSHIP OBJECTIVE**

Bring trained nurses, radiologists, other healthcare workers and much needed facilities to remote desert areas of Algeria.

**PARTNERSHIP DESCRIPTION**

In February 2013 the first mobile breast cancer screening facility was launched through a joint partnership between the government, patient advocacy group El Amel (Hope), mobile phone operator Mobilis and Roche.

A fully equipped truck, locally referred to as the ‘mammobile’, brings trained nurses, radiologists, other healthcare workers as well as much needed facilities to remote regions within Algeria. The goal is to combine cancer awareness campaigns with screening facilities so that women with breast cancer can be detected early and sent for treatment in larger cities. Roche supports the training of local radiologists, nurses and other professionals, and equips the mammobile with the software for performing mammograms.



**COUNTRIES/REGIONS**

Middle East & North Africa – Algeria, Morocco, Tunisia



**BENEFICIARIES**

Marginalised/indigenous people, women



**DISEASES**

Breast cancer



**FOCUS**

Diagnostics, care



**IMPACT**

Over 350,000 women have been screened since the initiative began in 2010. In 2013 alone, over 100,000 women have been screened.



**STARTING DATE**

2007 - on-going



**MORE INFORMATION**

[www.roche.com/ath\\_bc\\_algeria](http://www.roche.com/ath_bc_algeria)



# AMPATH ONCOLOGY PARTNERSHIP

**PFIZER**

**Health Needs**

It has been estimated that in the next two decades nearly three quarters of newly diagnosed cancer will occur in low Income Countries (LICs). Cancer is now the number one cause of premature death in sub-Saharan Africa. In Kenya, specifically, according to 2008 GLOBOCAN estimates there were roughly 22,000 deaths due to cancer and for a child born that year, the likelihood of developing cancer prior to age 75 was 14%. Currently, the resources available for cancer patients in Kenya are inadequate to deal with the present or predicted rise in the burden of this disease. Only two radiation facilities currently exist in Kenya and there is a particular need to develop an adequately trained workforce.



**COUNTRIES/REGIONS**

Sub-Saharan Africa – Kenya



**BENEFICIARIES**

Children, elderly, patients in needs of treatment, people with low income



**DISEASES**

Cervical and breast cancer, childhood cancers, hematology disorders



**FOCUS**

Facility, care



**IMPACT**

AMPATH has been able to treat hundreds of cancer patients who otherwise would not have received curative or palliative treatment



**STARTING DATE**

2009 - on-going



**MORE INFORMATION**

<http://www.ampathkenya.org/our-programs/primary-care-chronic-diseases/oncology/>

**PARTNERSHIP OBJECTIVES**

To create a System of Excellence in Cancer Care in El Doret Kenya by leveraging existing infrastructure and creating targeted programs. The 2011-2012 goal of the program is to establish a cancer and chronic care facility which would provide both adequate space for administration, screening, treatment (including chemotherapy and radiation services) and palliative care. The facility will house hematology-oncology clinics, chemotherapy administration, radiation therapy and screening for breast and cervical cancers.

**PARTNERSHIP DESCRIPTION**

In 2009, Pfizer began supporting AMPATH’s efforts to develop a Center of Excellence in Oncology, an optimal physical structure and a comprehensive oncology program which focuses on developing cost-conscious and sustainable chemotherapy regimens, radiation therapy and continued education and training and clinical trials and research support groups. This model builds on the foundation of the primary care and HIV/AIDS model AMPATH implements.

**CHALLENGES** The AMPATH Oncology program recognizes that a major component of sustainability lies upon its ability to train a Kenyan workforce to meet the immense needs of the cancer burden. A curriculum is in the late stages in development for Gyne-Oncology and AMPATH is working to expand this to Hematology-Oncology practitioners and nurses.





# MY CHILD MATTERS

## SANOFI

### Health Needs

Each year, nearly 250,000 children and adolescents are faced with cancer, and 100,000 of them die. In industrialized countries, 80% of them can be cured. This figure falls to 20% or even 10% in a country with limited resources, and yet 80% of the children who are affected live in these geographies. The reasons are: lack of information, late diagnosis, and often difficult access to care and treatment.

### PARTNERSHIP OBJECTIVES

- Generate actions on the ground that are as sustainable as possible, directly benefiting the country, including children and their families, and health professional partners.
- Raise greater awareness in civil society and among policy makers to help reduce the access-to-healthcare gap between developed countries and developing countries where pediatric oncology is still emerging.
- Create the opportunity to build momentum by bringing countries together around the same initiative against childhood cancer so that experiences and ideas can be actively shared.

### PARTNERSHIP DESCRIPTION

In operation since 2006 with the Union for International Cancer Control (UICC), St. Jude Children's Research Hospital and other partner organizations, this ambitious program provides financial support, aid from international experts, and in-country networking for project developers. It is one of the most important initiatives ever implemented to fight against pediatric cancer in developing countries. With a total contribution of EUR 7.2 million from the Foundation to date, 45 projects have been supported in 33 countries across Asia, Africa and Latin America.. The ultimate goal is to encourage governments to integrate this fight in their national programs to extend and sustain the work that has already been accomplished.



### COUNTRIES/REGIONS

East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia, sub-Saharan Africa – Algeria, Burkina Faso, Cameroon, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Guatemala, Honduras, Madagascar, Mali, Mauritania, Morocco, Pakistan, Paraguay, Philippines, Senegal, Thailand, Togo, Tunisia



### BENEFICIARIES

Children, patients in needs of treatment, people with low income



### DISEASES

Childhood cancers,



### FOCUS

Facility, care



### IMPACT

The project has already helped support 40,000 children and train 10,000 health professionals



### STARTING DATE

2006 - on-going



### MORE INFORMATION

[http://fondation-sanofi-espoir.com/en/ngo\\_child-matters.php](http://fondation-sanofi-espoir.com/en/ngo_child-matters.php)



# ONCOLOGY TRAINING IN RWANDA

## GLAXOSMITHKLINE

### Health Needs

Cancer is an increasingly critical public health problem in the developing world. By 2020 it is expected that there will be 16 million new cases of cancer every year and that 70% of them will be in developing countries, which also have a much higher mortality rate compared with other regions due to more limited availability of screening, early detection, and access to treatment. Radiotherapy, for example, is available in just 21 out of 53 African nations. And the fact that many developing countries languages still do not have a word for cancer helps to put the extent of the challenge into perspective.



#### COUNTRIES/REGIONS

East Africa – Rwanda



#### BENEFICIARIES

Children



#### DISEASES

Pediatric cancers



#### FOCUS

Diagnostics, care, training of clinicians



#### IMPACT

To date, 109 doctors and 149 nurses have been trained via the National Baseline Training covering basic oncology concepts.



#### STARTING DATE

2012 - on-going



#### MORE INFORMATION

<http://www.developingcountriesunit.gsk.com/Disease-Areas/Non-communicable-diseases/Cancer>

#### PARTNERSHIP OBJECTIVE

- **Basic and Advanced Cancer Training:** To train healthcare providers in Rwanda on cancer prevention, surveillance, early diagnosis and treatment by creating training materials, training modules, and evidence-based guidelines and protocols; and to create a platform for training providers from throughout East Africa.
- **Pathology Training:** To improve local pathology capacity by training histopathology technologists for specimen preparation; to inform the annual regional conference on cancer care to promote local academic achievement and the development of rigorous, evidence-based treatment within the local context; and to build capacity for quality cancer care services in resource- and skills-limited setting by employing a task-shifting approach.

#### PARTNERSHIP DESCRIPTION

In 2012, GSK co-funded, in collaboration with Partners in Health (PIH) and Dana Farber Cancer Institute, the first ever paediatric oncology congress in Rwanda where protocols were endorsed. To date, GSK has provided USD 376,998 to support PIH. The trainings will also facilitate continued engagement in academic medicine and collective support of clinicians involved in cancer care within East Africa. To extend the reach of the project, the programme will focus not just on training clinicians to provide care but on providing training to other clinicians as well. It is expected that participants will train others at their home healthcare facilities about cancer care and curricula developed under this grant will be made available for use by other providers in East Africa. The trained clinicians work in the four oncology referral hospitals and healthcare facilities from all 42 district hospitals in Rwanda. Additionally, 48 laboratory technicians have received foundational training in histopathology tissue preparation and transfer.



## PATIENT ACCESS TO CANCER CARE EXCELLENCE (PACE)

### LILLY Health Needs

The fight against cancer is far from over. Too many people still die of cancer and effective treatments for certain types of cancer do not yet exist. Nevertheless, significant progress has been made. The percentage of people alive five years after diagnosis has been rising for several decades. Some once fatal cancers can nearly be managed as chronic diseases. And cancer is better understood than ever before, with growing insights from genomics and molecular biology. This progress is sometimes discounted because it has generally occurred in small steps. Science, medicine and industry have moved forward against cancer not by discovering outright cures in most cases, but by building on existing knowledge and treatments in a series of innovative steps – what is called “continuous innovation.” New treatments or treatment combinations that extend patients’ average survival by a few months are an example of continuous innovation. Over time, this pattern has led to much better outcomes for patients.



#### COUNTRIES/REGIONS

East Asia & Pacific, Europe & Central Asia, North America – Brazil, France, Germany, Italy, Japan, Mexico, South-Korea, Taiwan, United Kingdom, United States of America



#### BENEFICIARIES

Cancer patients



#### DISEASES

Cancers



#### FOCUS

Access to medicines, accelerating innovation



#### STARTING DATE

2012 - on-going



#### MORE INFORMATION

[www.pacenetwork.com](http://www.pacenetwork.com)

#### PARTNERSHIP OBJECTIVES

- Encourage public policies and health care decisions that speed the development of new medicines.
- Assure cancer treatments respond to the needs and qualities of individual patients.
- Improve patient access to the most effective cancer medicines.

Through patient participation, science, education, and collaboration, we can take faster steps forward towards cures for cancer and access to the best treatments and care for individual patients.

#### PARTNERSHIP DESCRIPTION

PACE is a collaboration across international borders and among diverse stakeholders-including industry, academia, payers, and patient groups. PACE acts as a network of networks: to create wider awareness of what is being done to speed innovations to the patients who need them, to help coordinate existing work, and to avoid duplication of effort and waste of resources.

PACE participates in and hosts a variety of events and activities meant to empower participants to understand the challenges and opportunities surrounding patient access to innovative cancer care and treatment. The PACE Global Council brings together a small group of internationally renowned patient advocacy, medical, policy, scientific, health care industry leaders and others to share their expertise and explore new ideas.

# MULTIPLE ACTIONS, MULTIPLE ACTORS

Cancer is not a disease but a multitude of diseases. While cancer is more and more present globally, approaches to its management depend on geographies, medical culture and socio-economic situations, including in-country situations (centralized vs decentralized model). However, global trends could be identified in areas including registries, care management, partnership approaches to access and coordination and redistribution of means and resources, increased health literacy, and efficient end of life and palliative care. Also, a national cancer plan, including clear progress metrics, should be in place in all countries and should be regularly reviewed and upgraded. The R&D-based pharmaceutical industry has a role to play in an integrated care approach. The industry is working on multiple levels, on adapting both R&D and access models to a rapidly changing environment which will face, in the coming years, a growing magnitude of the burden of disease and its economic impact in both HICs and LMICs.



## ABOUT IFPMA

IFPMA represents the research-based pharmaceutical companies and associations across the globe. The research-based pharmaceutical industry's 2 million employees research, develop and provide medicines and vaccines that improve the life of patients worldwide. Based in Geneva, IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community find solutions that improve global health.

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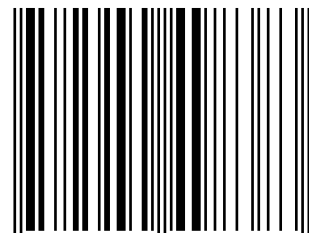
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