



Access to Cancer Treatment in LMIC

January 2021



Barriers to access in LMICs

PATIENT CAN'T DISCLOSE
DIAGNOSIS TO EMPLOYER,
UNABLE TO ASK FOR DAY OFF

PATIENT CAN'T DISCLOSE THE
DIAGNOSIS TO THE FAMILY

FEMALE PATIENTS DO NOT
CONTROL HEALTHCARE DECISIONS

PATIENT CANNOT
AFFORD THE
HOSPITAL CONSULT

PATIENT
CANNOT AFFORD
THE BUS FARE

PATIENT CANNOT
AFFORD A PLACE
TO STAY

PATIENT CANNOT AFFORD
TO TAKE THE DAY
OFF FROM WORK

DIAGNOSTIC
CAPABILITIES NOT
AVAILABLE IN COUNTRY

DIAGNOSTIC INFRASTRUCTURE
AVAILABLE BUT HOSPITAL
CANNOT AFFORD REAGENTS

DIAGNOSTIC TESTS NOT COVERED
BY GOVERNMENT AND PATIENT
CANNOT AFFORD

COUNTRY DOES NOT
ALLOW INTERNATIONAL
DONATIONS OF MEDICINES

COUNTRY IMPOSES TAXES
ON THE IMPORTATION OF
DRUGS FOR DONATION

CUMBERSOME IMPORTATION
PROCESS CAN TAKE MONTHS
AND LEADS TO STOCKOUTS

HOSPITALS DISPENSATION &
STORAGE FACILITIES IN LMIC
DO NOT MEET STANDARDS

PRIVATE INSURANCE
DOES NOT COVER
CANCER DRUGS

PATIENT
CANNOT AFFORD
CO-PAY

PATIENT DOES NOT HAVE
INSURANCE AND CANNOT
AFFORD THE TREATMENT

PATIENT DOES NOT HAVE
INSURANCE AND CAN AFFORD
ONLY FOR A FEW MONTHS

COUNTRY DOES
NOT HAVE
UNIVERSAL HEALTHCARE

GOVERNMENT
DOES NOT
REIMBURSE

PRODUCT NOT IN
THE COUNTRY'S
NATIONAL LIST

SUBSTANDARD
GOVERNMENT
PROGRAMS

PRODUCT NOT
REGISTERED IN
THE COUNTRY

PRODUCT REGISTERED
BUT NOT COMMERCIALIZED

NO GENERICS REGISTERED OR
COMMERCIALIZED AFTER
BRAND LOE

MANUFACTURER DOES NOT
HAVE A PATHWAY FOR NON-
REGISTERED ACCESS

Accessing treatment in LMIC

Access pathways

Government programs

- Best case scenario: the government includes the treatment in national list or formulary
- However...
 - Weak systems often with treatment interruptions
 - Bad quality treatment, tenders system purchase cheapest generics
 - Often cumbersome for the patient to navigate

Clinical Trials

- Very seldom clinical trial sites are in LMIC
 - Need to comply with high international standards
 - Hospitals lack infrastructure and man power to run the trials
 - Companies are required to ensure continuation of treatment after trial ends.

Compassionate Use (CU)

- Regulatory pathway to get access to a treatment prior to approval
- Most companies will say that they have a CU program
- However...
 - Requires a direct request by an HCP into a CU specific website
 - Expectation of paperwork, testing is excessive and often the HCP does not have the resources necessary
 - Even if approved, importation can take many months and the CU process is not set up for a LMIC environment

Named Patient Programs

- Also called Managed Access Programs (MAP)
- This is a program set up by the company by which a patient can access a treatment that is not registered in their country
 - Patient applies into a third party website, with a prescription
 - Treatment is not free; the patient needs to purchase the treatment
 - Even when the patient is able to purchase, importation into a LMIC is often very complicated

Patient Access Program (PAPs)

- This is typically the name of a company driven access program
- GIPAP was the first ever PAP
 - While GIPAP provided free treatment, most PAPs today require some shared contribution between patient and company (buy x, get x free)
 - Often managed by third parties
 - Rules are made by pharma companies. Often scheme is unaffordable
 - Drug (not patient) is at the center of the model
 - Regulations do not allow the third party administrator to properly serve patients

Humanitarian Access (MAS)

- The Max Foundation developed Max Access Solutions (MAS) in 2016 in an attempt to overcome deficits of the other access solutions (CU, NPP, PAP, etc.)
- Still has challenges...
 - Complicated regulatory system in certain countries makes it very difficult to set up the drug importation plan
 - Requires big investment from the prescribing HCP
 - Requires donation of products from pharma companies
 - Not a long term solution

The image features a teal background. At the top, there is a decorative border consisting of a repeating pattern of triangles. The main area of the image is a solid teal color. Centered in this area is the word "Questions?" in a white, sans-serif font.

Questions?

THANK YOU!



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Pat Garcia-Gonzalez, CEO | pato@themaxfoundation.org