



OECD CONSULTATION: SUSTAINABLE ACCESS TO INNOVATIVE THERAPIES

RESPONSE OF THE EUROPEAN CANCER ORGANISATION (ECCO)

1. Reflecting on the last 5-10 years, what do you think have been the major changes affecting access to medicines?

a) Rising costs

The last 5-10 years, inclusive of the post-2008 global financial crisis, has seen an increasing scrutiny placed upon items of healthcare expenditure, as the pressure to ensure financial sustainability of health systems has grown.

Meanwhile, in the area of cancer treatment, as well as others, there has been a discernible rise in medicines costs, especially in relatively novel areas of treatment such as immunotherapy and biologics. Some immunotherapy treatments can be priced at over 100,000 euros per patient.

In the context of an ageing society, and the ongoing challenge of achieving robust economic growth, such trends of increasing cost for medicines cannot be sustained without threatening access and equity in health systems.

b) There is an underappreciated opportunity cost paid by other healthcare services as a result of rising medicines prices.

By 'opportunity cost', ECCO refers to the financial resource that must be allocated to meeting rising medicines bills, that might otherwise have been deployed towards other services and treatments. In the cancer sector, this might include:

- Prevention and screening initiatives;
- IT development
- Patient safety improvements
- Technological upgrading of procedures such as surgery and radiology
- Upskilling of the health workforce
- Enhanced supporting services to patients

In short, treating patients, achieving high quality care and securing best outcomes in healthcare, is about so much more than simply medicines. Greater absorption of available resource to pharmaceuticals must therefore also be understood as a detriment to the overall care and treatment of patients, with impacts not only to healthcare budgets, but other services too. The policy debate on the topic of access needs to be reminded that great challenges also

exist in ensuring patients have access to **non-pharmaceutical** treatments as well. This pressing matter also merits international dialogue of the nature being undertaken by OECD.

c) The appetite for international cooperation and transparency to tackle the problem has grown

At the European level, ECCO discerns a growing appetite for international cooperation on tackling rising cost of medicines, and for increased transparency.

At the political level this is evidenced by [the 2016 Council Conclusions of the Netherlands Presidency of the EU on pharmaceuticals](#), as well as a recent [report of the European Parliament on Access to Medicines](#).

Within the stakeholder community too, health NGOs are increasingly active on the topic, including the multi-disciplinary membership of the European Cancer Organisation. ECCO will shortly publish a paper in the European Journal of Cancer setting out the consensus position of its 25 pan-European member organisations on the topic of Access to Innovation.

2. What are the top three (3) issues that must be addressed to ensure access to innovative medicines while maintaining financial sustainability of health systems?

1) Settlement of the value debate

The concept of using 'value' as a means of determining 'fairer' prices for innovative pharmaceutical treatments has gained great dynamism, at least in the European political context. Yet debates about the methodologies and the meaning of value, continue to rumble on.

ECCO perceives a need to make greater progress in the *overall* approach to value-based healthcare, going beyond applying ideas of value to only pharmaceutical treatment. Other forms of treatment, and health services, should benefit from methodological consideration of value as well.

Why should only novel pharmaceutical treatments be subject to (and able to benefit from uptake as a result of) value methodologies? Surely innovations in areas such as diagnostics, screening, prevention, surgery, radiology and patient support services, should also be enabled to demonstrate their value to budget managers?

There is a great need for the access and value debate to be inclusive of *all* treatments, not only pharmaceutical treatments.

2) Patient-centricity

Maintaining a patient focus in the access debate appears to ECCO as a vital imperative. This includes, for example, ensuring appropriate reflection of patient preferences (individual where

possible) when considering such notions as ‘value’ in respect to a prospective treatment options (including non-pharmaceutical treatments).

3) Fairness

Attention should be paid to what constitutes a ‘fair’ price for a treatment (including non-pharmaceutical treatment). Fairness includes not only a reasonable return on investment for the developer and provider of the prospective treatment, but also reflection of the payer’s ability to pay. It occurs to ECCO that often onus is given to the former requirement potentially at the expense of the latter.

3. Why do you think there are issues in ensuring access to innovative medicines while maintaining financial sustainability of health systems?

One issue that ECCO would like to highlight in this respect is the potential over-emphasis on pharmaceutical treatment within healthcare budget spend. The ‘value’ of pharmaceutical spend should also be seen within the context of other forms of healthcare expenditure, such as prevention, diagnosis, IT development, patient safety improvements, patient support services and other forms of treatment. It goes almost without saying that these interventions are all also ‘valuable’, yet do not currently benefit from systematic forms of considering their value, as is increasingly occurring for pharmaceutical treatments.

Additionally, poor levels of transparency on pharmaceutical spend prevent full public scrutiny and accountability for this area of national healthcare expenditure.

4. What changes would you like to see happen to improve access to innovative therapies?

ECCO would like to see:

- The international debate broaden to one about patient access to innovation per se, rather than a privileged position being given in the debate to pharmaceutical treatment
- Settlement of the value debate, to include methodologies for budget holders to assess the value of non-pharmaceutical treatments alongside pharmaceutical innovation
- An onus on improving transparency in this area of healthcare spend, and fostering sustainable international cooperation on the topic.

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