

NCD Alliance Essential Medicines Working Group

Access to Cancer Medicines

The majority of critical cancer medicines are off-patent and can be manufactured generically at relatively low prices (Table 1). However, there are significant inequities in access to these drugs both between and within countries, and there is little or no access to more expensive contemporary targeted therapies in low- and middle-income countries¹.

Expanding sustainable access to inexpensive, effective quality off-patent medicines is one of the keys to achieving improved outcomes for people with cancer in low- and middle-income countries. With proper training, cancer medicines can be safely prepared and administered at national and district hospitals even in very low-resource countries, if delivered in accordance with resource-appropriate evidence-based guidelines with appropriate support from cancer professionals, as well as psycho-social support.

The affordability of quality cancer medicines is an important determinant of access, but it is only one factor. Many countries lack the cancer care infrastructure and robust health systems that are needed to deliver cancer medicines to those who need them. Priorities for making progress include:

- building expertise and capacity amongst health professionals to ensure the safe and proper administration of cancer medicines;
- developing evidence-based cancer treatment guidelines that are appropriate and feasible for different resource settings;
- tailoring cancer treatment protocols so that individuals and populations receive the cancer medicines from which they are most likely to benefit;
- developing multidisciplinary team-based cancer infrastructure including integrated diagnostic, pathology, and treatment services.
- further investment in cancer research, in order to identify the cancers that are posing the greatest burden on populations.

The need for access to the newer generation of on-patent, expensive targeted cancer drugs also requires consideration. Whereas many of these newer agents impact on a patient's disease only minimally, and at great cost, some have dramatic life-saving or life-extending results. Examples include imatinib for patients with chronic myelogenous leukaemia, a treatment that has greatly extended high-quality life for these patients², and trastuzumab for patients with HER2 positive breast cancer that can substantially reduce the mortality rate for patients with early stage disease, and greatly extended the life for those with advanced disease³.

Access to Opioid Analgesics

The unavailability of opioid analgesics for the treatment of moderate to severe pain in most of the world is a global crisis. The World Health Organization estimates that around 5 billion people live in countries with low or no access to opioid analgesics. Each year, tens of millions of people suffer pain without adequate treatment, including 5.5 million terminal cancer patients and one million end-stage HIV/AIDS patients. Global inequities in access to opioid analgesics are stark. In 2009, 90% of the registered global consumption of morphine, fentanyl and oxycodone occurred in Australia, Canada, New Zealand, the US and several European countries⁴.

Morphine, the mainstay of treatment for cancer pain, is off-patent, and inexpensive. The impediments to its availability – and that of other opioids – include:

- overly restrictive national and sub-national regulatory requirements, including: unreasonable limitations on the number of days' supply that may be filled per prescription; excessive limitations on who may prescribe; overly burdensome prescription procedures that do not apply to other medicines (use of specific forms, maintaining multiple copies); requirements that patients be specially permitted or registered to receive prescriptions; excessive application of sanctions for unintentional mis-prescription or mishandling; and unreasonable storage requirements
- attitude and knowledge impediments, such as exaggerated fears of the side effects of opioids and of the potential for development of dependence; social stigma relating to the use of opioids; and insufficient training of health care professionals in the recognition and management of pain;

- economic and procurement impediments that are not specific to opioid analgesics such as: underdeveloped health systems including a lack of trained health professionals, hospitals, clinics and pharmacies; and inadequate medical supply chains.

Enhancing access to opioid analgesics requires regulatory reform, awareness-raising and public education activities, health professional training, and coordination with suppliers to improve procurement and distribution.

Table 1: Proposed List of Essential Cancer Medicines

Reference:

- 1 P. Farmer, J. Frenk, F. M. Knaul, L. N. Shulman, G. Alleyne, L. Armstrong, R. Atun, D. Blayney, L. Chen, R. Feachem, M. Gospodarowicz, J. Gralow, S. Gupta, A. Langer, J. Lob-Levyt, C. Neal, A. Mbewu, D. Mired, P. Piot, K. S. Reddy, J. D. Sachs, M. Sarhan and J. R. Seffrin, "Expansion of cancer care and control in countries of low and middle income: a call to action" (2010) 376 Lancet 1186-93.
- 2 P. Kanavos, S. Vandoros and P. Garcia-Gonzalez, "Benefits of global partnerships to facilitate access to medicines in developing countries: a multi-country analysis of patients and patient outcomes in GIPAP" (2009) 5 Global Health 19.
- 3 A. Eniu, R. W. Carlson, N. S. El Saghir, J. Bines, N. S. Bese, D. Vorobiof, R. Masetti and B. O. Anderson, "Guideline implementation for breast healthcare in low- and middle-income countries: treatment resource allocation" (2008) 113 Cancer 2269-81.
- 4 International Narcotics Control Board, 'Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes', (New York 2011), para 5.