

## WORKSHOP REPORT

# Amsterdam Session I – Improving Access to Cancer Care

20 July, 2017

*The workshop took place on Thursday 29 June 2017  
in Amsterdam, the Netherlands*

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In a dedicated workshop on 29 June, 2017, the Access to Medicine Foundation brought together oncology companies to share practical steps for improving access to cancer care in low- and middle-income countries. The participants included oncologists, access leaders and managers from eight of the large research-based pharmaceutical companies measured in the Access to Medicine Index. The starting point for day's discussions was the findings from the Foundation's recent study *Improving access to cancer care: a first analysis of pharmaceutical company actions in low- and middle-income countries*. This study found 129 diverse cancer access programmes being implemented in low- and middle-income countries, with varying degrees of attention for different cancer types, health services and countries.

Discussions were lively and highly engaged, with differing points of view expressed – this report summarises those discussions. The summaries are organised by theme and are reported anonymously. The workshop was held under the Chatham House Rule. Several ideas and potential solutions were identified during the day: for how companies can strengthen their own internal practices; for where companies can work together and pool knowledge; and for where third-parties may play a useful role in guiding or facilitating greater engagement. Ideas are summarised at the end of the report.

For more information or to discuss the contents of this report, please get in touch via [amassey@accesstomedicinefoundation.org](mailto:amassey@accesstomedicinefoundation.org).

### About the Access to Medicine Foundation

The Access to Medicine Foundation is an independent, non-profit organisation based in the Netherlands. It aims to advance access to medicine in low- and middle-income countries by stimulating and guiding the pharmaceutical industry to play a greater role in improving access to medicine. The Foundation is funded by the Bill & Melinda Gates Foundation, the Dutch Ministry of Foreign Affairs and the UK Department for International Development.

## Themes from the discussions

The days' discussions were varied and wide-ranging, yet with several main themes emerging. This report has used these themes to organise the differing points and ideas raised throughout the day. The main themes are:

1. Targeting and prioritisation of cancer access programmes
2. Sharing knowledge, progress and data
3. Building and maintaining momentum
4. Selecting and establishing effective partnerships

### 1. Targeting and prioritisation of cancer access programmes

*Hard data on capacity gaps and insight into government commitment are essential, but lacking*

- Kenya is hotspot for company engagement in access to cancer care
- Targeting by country: Government prioritisation of cancer is key pull factor for company engagement
- Targeting by capacity gap: Lack of hard country-level data hinders company efforts to target access efforts – opportunity to develop and pilot a reporting blueprint for governments
- Companies seek guidance on which countries are ready and willing to engage, and their level of need
- Market insight is essential for ensuring activities/practices suit country-specific contexts

How to target an access programmes was either seen as a geographical question – i.e., which countries should be prioritised? – or in relation to the different health services involved in cancer care (e.g., awareness-raising, screening, referral, treatment etc). The Foundation's recent study found that: (1) companies are significantly more active in Kenya, China and India; and (2) company attention varies across all health services by cancer type and region.

Companies are running 19 cancer access initiatives in Kenya (see Appendix for full overview). Participants attribute this clustering to the prioritisation of cancer care by the Kenyan government, and to the broad network of partner organisations. Participants shared solutions to a range of hurdles encountered in Kenya: e.g., reducing silo thinking and duplication, and enabling the sharing of tools by

*“We must identify where our products fit and where best to bring them next.”*

building multi-partner alliances; addressing affordability/pricing by sharing costs with government and eliminating supply-chain middle-men. There is demand among participants for greater guidance on different countries' capacities regarding cancer care, as well as to

their receptiveness to company engagement. Awareness was raised of relevant resource stratified guidelines for cervical cancer published by ASCO (see Appendix).

In terms of health services, the lack of activity on referrals and palliative care were highlighted, as were potential ethical concerns surrounding awareness raising (e.g.,) where patients cannot be referred or treated. Solutions discussed included: working with partners to bring palliative care into community settings (where feasible); education programmes that challenge the myths surrounding palliation (risk of addiction); developing clearer definitions of good cancer care. Participants reported that efforts to identify priority capacity gaps were frequently hindered by a lack of hard, country-level data. The idea of developing and piloting a reporting blueprint for governments was floated – the blueprint would set out the data companies need governments (or others) to collect in order to better match products and competences to capacity gaps. Such market insights were deemed essential for ensuring companies’ activities/practices suit country-specific contexts – companies also have an opportunity to pool such knowledge.

## 2. Sharing knowledge, progress and data

### *Strong opportunities to pool knowledge between and within companies*

- Strong demand for greater knowledge-sharing between companies – new tools and platforms needed
- Different forms of knowledge require unique tools, some requiring an independent third-party
- Companies also need tools for the internal pooling and redistribution of knowledge
- Concerns surround the sharing of competitive knowledge; boundaries for knowledge-sharing need to be established

The potential value of greater knowledge-sharing was repeatedly raised, particularly of proactive knowledge-sharing between companies, and particularly in relation to capacity gaps and market needs. Participants acknowledge that all companies hold pieces of the puzzle. Some participants acknowledged challenges in mapping and tracking initiatives being implemented across their organisations. The role of the Foundation in pooling and sharing company-specific knowledge was acknowledged and valued, with clear requests for this role to expand.

*“We need to get together as a group and decide how to move forward. The challenge is finding a way.”*

Discussions centred on several forms of knowledge: (1) Needs assessments conducted at country and regional levels (and other market insights); (2) knowledge of supply chains, governments and regulations; (3) and practice/expertise knowledge at the product and infrastructure level. Sharing different types of knowledge

will require different tools and platforms; some may require an independent third party, such as the Foundation, to collate, analyse and cascade the information.

Several ideas for new tools or platforms were raised, including: (1) a formal community of practice on improving access to cancer care; (2) “living reporting tools”, continually updated, shared and accessible, for tracking the existence, status and progress of specific programmes; (3) protocols or a platform for pooling proprietary market data (internally and/or with other companies); (4) a repository of country-level needs assessments conducted by individual companies. Some tools and reporting platforms could also be replicated internally, or made compatible with internal tools for pooling knowledge. Some concern was noted about sharing information that is potentially competitive. Ideas for mitigation included enabling internal knowledge-sharing as a key step before sharing knowledge externally, with clear and defined boundaries for appropriate knowledge-sharing.

### 3. Building and maintaining momentum

*Top-down ownership backed by hard data are powerful tools for maintaining focus*

- Monitoring & Evaluation (M&E) and good governance are critical for building and maintaining momentum in cancer access programmes
- Continual measurement, with a link to patient outcomes, maintains focus on access objectives
- Access KPIs are most effective when linked with commercial models/teams, with top-down ownership and accountability
- Sustained internal support is also critical for momentum

Good governance and M&E (Monitoring & Evaluation) were seen as critical for building and maintaining momentum toward defined access objectives. Specifically, measurement must go beyond measuring outputs (e.g., numbers of healthcare professionals trained; or patients enrolled) to also track outcomes and impact. Calls were also made for M&E reports to be made public. This echoes the

*“Sharing transparently what we create is a public good. It helps us all steer our interventions”*

Foundation’s study, which found that impact is rarely disclosed, and warrants structured monitoring and evaluation.

The design and value of KPIs was raised in break-out sessions; their specificity and usefulness must be

continually evaluated, with only the most valuable KPIs being retained. Participants recognised the value of access-KPIs for commercial teams. These were seen as most effective when coupled with explicit and top-down prioritisation, ownership and accountability.

Internal support for access programmes was also seen as invaluable, from all levels of a company. Participants shared successful tactics for communicating about programmes internally: (1) using outcome measures to prove programmes are working; (2) relaying patient stories or organising on-the-ground visits to illustrate how programmes changes lives; (3) identifying “quick wins” that can give an early sense of change and momentum; (4) leveraging calls for action from prominent external stakeholders and leaders; (5) sharing progress and impact achieved by other companies, to demonstrate proof of principle.

## 4. Selecting and establishing effective partnerships

*Successful partnerships have shared ownership and a long-term perspective*

- Companies prefer to be an active partner; see a clear role for themselves in capacity building for cancer care systems
- Successful match-making begins with identifying complementary competences and objectives
- Forging partnerships takes time; partnerships are best viewed as long-term investments
- Partners' independence and integrity continues to come under scrutiny; highlighting need for transparency

The Foundation has found that at least half of cancer access initiatives involve some sort of partnership: either with international organisations, local and/or international NGOs, governments, private-sector partners, foundations, universities and/or non-profit organisations. Pharmaceutical companies commonly work with local partners on implementation and to align initiatives with country-specific needs (ref. 2016 Access to Medicine Index).

Participants report a strong preference for being an active partner with shared ownership (vs. taking a purely philanthropic approach). The general position was that companies have deep knowledge of their oncology products and supply chains, giving them a clear role and responsibility in building capacity in cancer care systems. Competencies, rather than budgets, were seen as the appropriate starting point for exploring partnership potential. Companies seek partners with complementary knowledge and competencies. What is often lacking is insight into who is willing and able to get involved, and what competences they bring. There is an opportunity for building a match-making platform to help partner organisations and companies identify common ground.

Forging partnerships is seen as a long-term process, requiring time to establish where competencies and objectives align, and to build up trust. Partner organisations also see the need for relationships to be long-term, and for NGOs to facilitate conversations, where appropriate, between companies and governments. Participants shared a sense that the independence and integrity of partners and companies continues to come under scrutiny. This highlighted the need for transparency about objectives, governance and decision-making processes.

## Overview: Ideas for improving access to cancer care

Discussions generated several ideas for how companies can strengthen their own internal practices, as well as areas where companies can work together and pool knowledge. Ideas were also shared for where third-party organisations, including the Access to Medicine Foundation, could play a useful role in guiding or facilitating greater engagement.

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### Ideas for strengthening company practices

- **Implement robust Monitoring & Evaluation programmes** to build and maintain momentum toward defined access objectives. Measurements must go beyond measuring outputs to also track outcomes and impact. Companies are encouraged to publish M&E reports.
- **Continually evaluate the specificity and usefulness of access KPIs**, retaining only the most valuable ones. Access KPIs are most effective when linked with commercial models/teams, with top-down ownership and accountability.
- **Develop internal reporting tools for mapping organisational knowledge**. These would be “living tools”, capable of being continually updated, shared and accessible. They would track the existence, status and progress of specific programmes.
- **Be transparent** about objectives, governance and decision-making processes in access programmes. Transparency is critical for earning trust, which in turn facilitates effective and lasting partnerships.
- **Maintain focus on sustaining internal support for access programmes**, e.g., by (1) using outcome measures to prove programmes are working; (2) relaying patient stories or organising on-the-ground visits to illustrate how programmes changes lives; (3) identifying “quick wins” that can give an early sense of change and momentum; (4) leveraging calls for action from prominent external stakeholders and leaders; (5) sharing progress and impact achieved by other companies, to demonstrate proof of principle.

### Ideas for companies to work together

- **Form knowledge-sharing platforms for pooling information and expertise**. Several ideas were endorsed: (1) form a formal community of practice on improving access to cancer care; (2) establish protocols or a platform for pooling proprietary market data (internally and/or between companies); (3) form a repository of country-level needs assessments conducted by individual companies.
- **Develop and pilot a country-level reporting blueprint**, setting out the data companies need governments (or others) to collect in order to better match products and competences to capacity gaps.  
**Develop match-making platform** to help partner organisations and companies identify shared objectives, as well as complementary needs and competences.

## Ideas relevant to the Access to Medicine Foundation

- **Act as a neutral and independent broker** between pharmaceutical companies and potential partners, including NGOs, governments and others, with the aim of establishing effective partnerships.
- **Deepen its research into the cancer care space**, e.g., by conducting a follow-up landscaping study; by establishing a reporting platform for collating, analysing and cascading information about country-level needs and companies' cancer access programmes.
- **Expand its role as a convener** between companies and with other stakeholder groups, e.g., by /organising further workshops and platforms for company experts to share insights and expertise and to identify opportunities for pooling capacities.

The Foundation will take these ideas into consideration, with reference to its mission and strategy.

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## Supplemental documents

- Improving access to cancer care A first analysis of pharmaceutical company actions in low- and middle-income countries  
*Access to Medicine Foundation. See [download](#).*
- Resource-Stratified Guidelines for Cancer Management: Correction and Commentary. *Recent paper on resource stratified guidelines that can help discussions on access to cancer care.*  
*Ben O. Anderson, Catherine Duggan, Fred Hutchinson Center. See accompanying document..*
- Novartis Social Business Healthy Family Programmes Factsheet  
*Novartis. See accompanying document.*
- 20th WHO Model Essential Medicines List – Cancer medicines  
*See accompanying document*