

Biologics, Biosimilar : THE BENEFITS FOR PATIENTS

PharmaConnect Africa Conference - 2019



**CAMPAIGNING
FOR CANCER**

Our Vision

To create a South Africa where people affected by cancer receive fair, appropriate, timeous, respectful and quality treatment and care.

Our Mission

1. To ensure that the patients' rights are protected by:

- Ensuring dialogues amongst role-players.
- Facilitating solutions with regard to cancer prevention and treatment.
- Representing patients with regard to:
 - policy
 - healthcare costs
 - healthcare delivery
 - understanding the cancer landscape

in a manner that ensures that all stakeholder positions are considered.

2. To ensure that South Africans are informed & educated about cancer and their rights as patients.

1. Patient's expectations
2. Common hurdles to access in South Africa
3. Our ASK?
4. The potential

**BENEFITS OF
BIOSIMILARS TO
THE PATIENT:
NONE**

What do **PATIENTS** want?

Access to effective treatments

At the right time

With as few challenges as possible



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CANCER

What do **ADVOCATES PATIENTS** want?

Access to effective treatments

- *Availability*
- *Affordability*

Timely decisions

- *Avoid Launch delays*
- *Manage Launch sequencing*

Contribute to the evidence generation process

- *Why is a new technology “essential”? To whom?*
- *Evidence of what it means to live with the disease*
- *Costs & Quality of Life*

Contribute to the decision making process

- *Participation in reimbursement committees*
- *Evidence submission to HTA bodies*

FOUR MYTHS that undermine increasing access to CCC in LMIC

- CCC is unnecessary because the **burden of cancer is not large** in LMICs
- CCC is **unaffordable** for most LMICs.
- CCC is unattainable because LMICs **do not have adequate human or physical resources** to support treatment and care.
- CCC is inappropriate in LMICs because it **takes resources away from high burden diseases** that have proven treatments and interventions.



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FOUR MYTHS that undermine increasing access to CCC in SA

**1. IF WE CHANGE THINGS
WE'LL BE IN A
WORSE STATE
THAN WE ARE NOW.**



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2. CCC COST IS TOO EXPENSIVE.

- The economic cost of productivity losses combined with treatment costs for cancer is close to \$(2010) US 1.16 trillion, which is approximately 2% of total global GDP
- Deaths from cancers that strike children and young adults account for many of the years of healthy life unnecessarily lost.
- WEF: The value that individuals place on the losses they experience from cancer due to income not earned, out of pocket spending on health, and pain and suffering totals more than 4% of global GDP

To deny this cost speaks to how we value the cost of a human life in South Africa.



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3. SOUTH AFRICAN IS DIFFERENT TO OTHER COUNTRIES. WHAT'S WORKED IN OTHER COUNTRIES WON'T WORK HERE.



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4.

value \neq price

The value of medicine should not be measured by cost alone, but by the benefit it brings to individual patients and to society as a whole.



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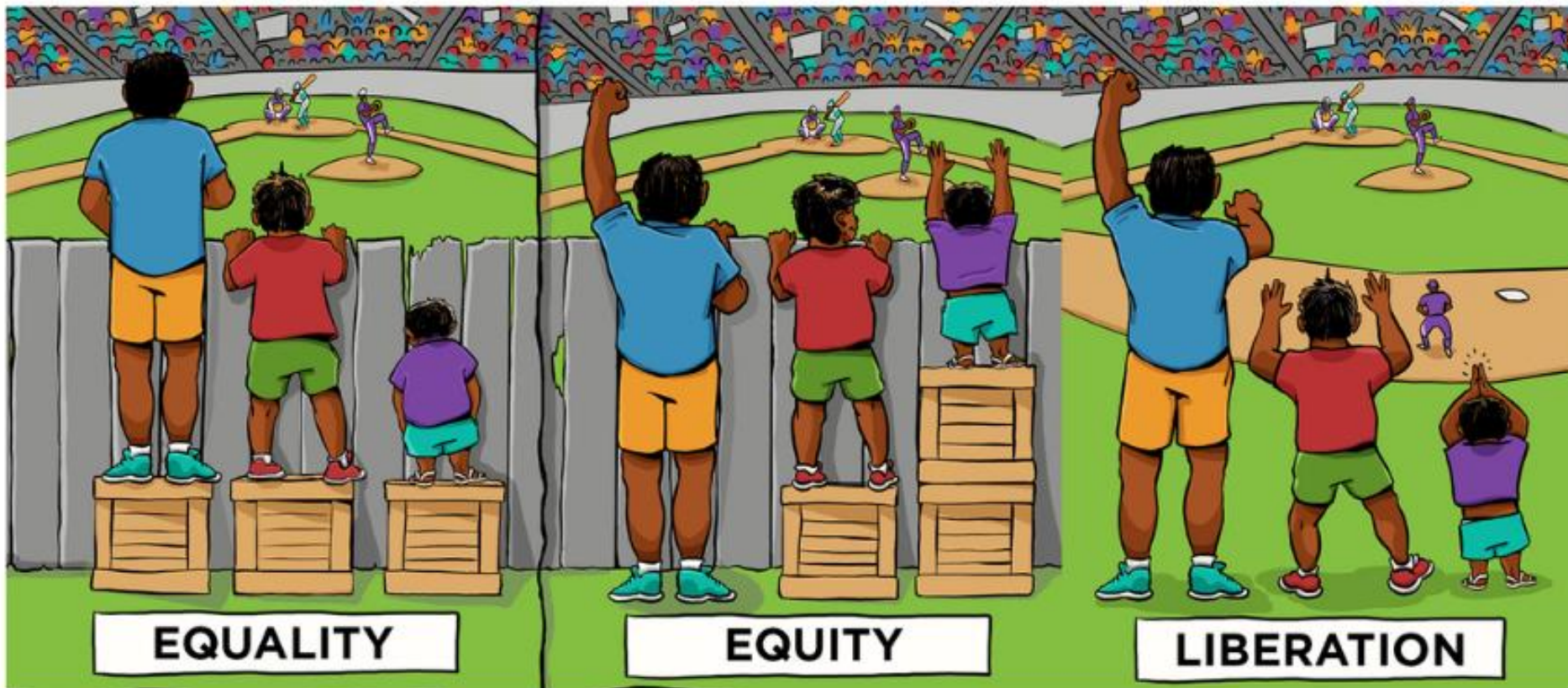
#COST OF
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NHI COMMENTS

Draft National Health Insurance Bill defines one of its aims is to:

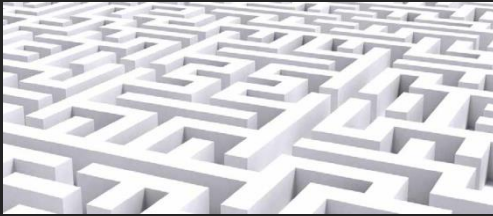
- *..promote sustainable, equitable, appropriate, efficient and effective public funding for the purchasing of health care services and the procurement of medicines, health goods and health related products from services providers within the context of the national health system;...*
- *“...at the lowest possible price ...”*

REFRAME THE STORY



SOUTH AFRICA N'S NEED US

Leadership



Can we really say patient's are getting the right treatment , at the right time, with the least challenges?

Innovation



If we continue with exactly the same mind set we had before, are we dead in the water?

Commitment



Dedication to a cause or obligation that restricts freedom of action?

WHAT ROLE
WILL YOU
PLAY?



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INCORPORATE THE PATIENT'S VOICE INTO YOUR STRATEGY TO PROVIDE A BETTER STANDARD OF CARE FOR YOUR CUSTOMERS

- Identify how patient access programmes and risk sharing models will improve patient access to essential medicines in South Africa.
- Learn what patient groups need & how they engage with government and medical schemes to increase reimbursement for a health technology.
- Discover new approaches to help pharma work with patients to improve education and access to drugs.

WE NEED TO REFRAME THE DISCUSSION ABOUT ACCESS

Start with the person.

THANK
YOU

