

# Cancer Medicines Across Europe Framing the Problem

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# Framing problem for cancer medicines is complex and multi-faceted



# Frame 1: Inequality and inequity





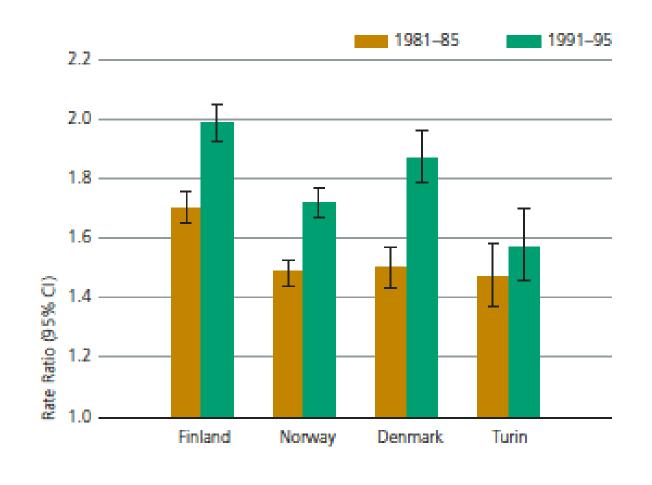






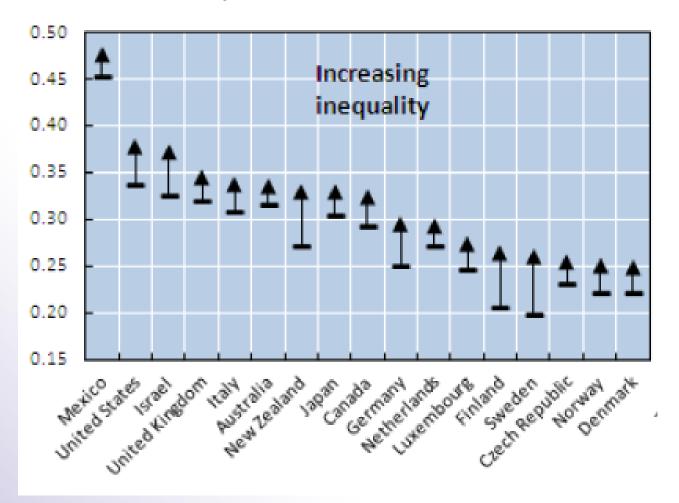
## Health outcome inequalities in Europe are endemic

e.g. death rate differences between affluent and deprived in 4 of the most equitable countries/places



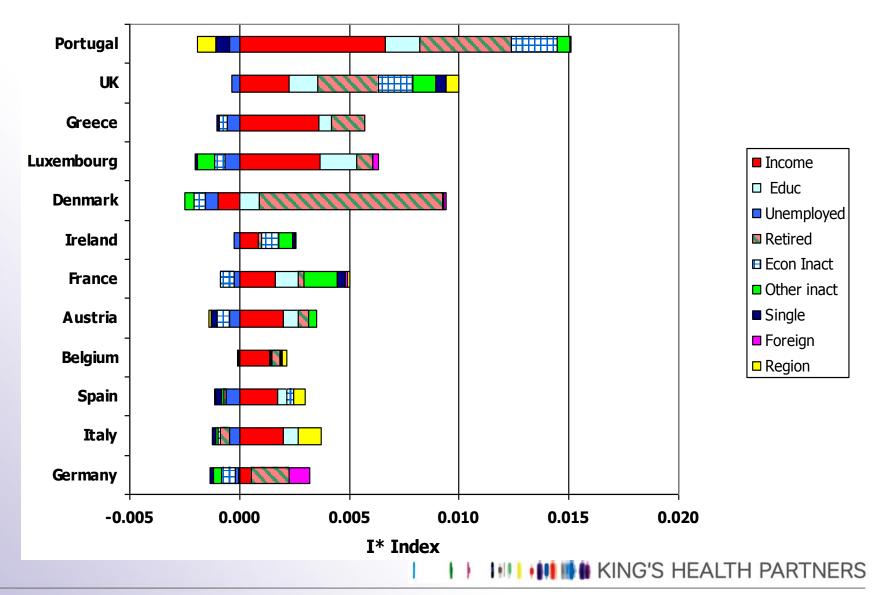
# Income inequality is worsening

why does this matter?



## **Income-related health inequality**

inequality is a complex picture: not simply a matter of absolute income



## **East-West divide is growing**

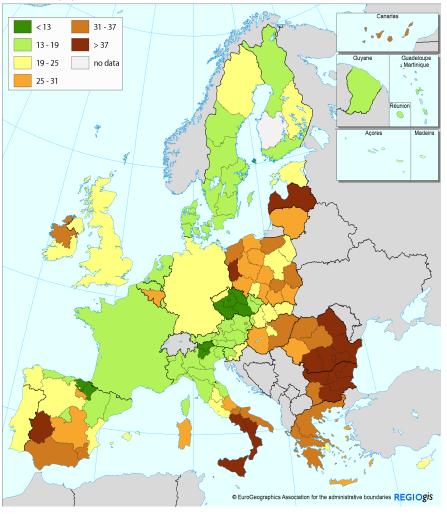
#### Employment rate, 20-64 in 2010

% of population aged 20-64

# Guadeloupe © EuroGeographics Association for the administrative boundaries REGIOgIS

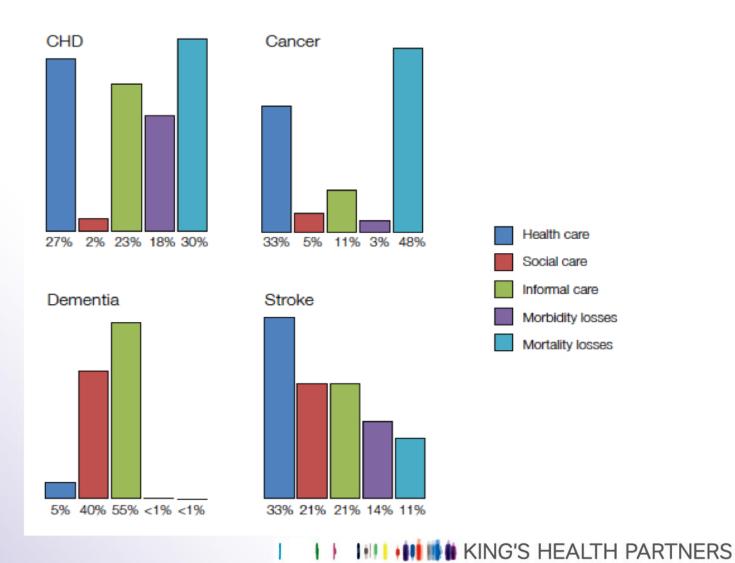
#### Population at risk of poverty or exclusion, 2009

% of total population

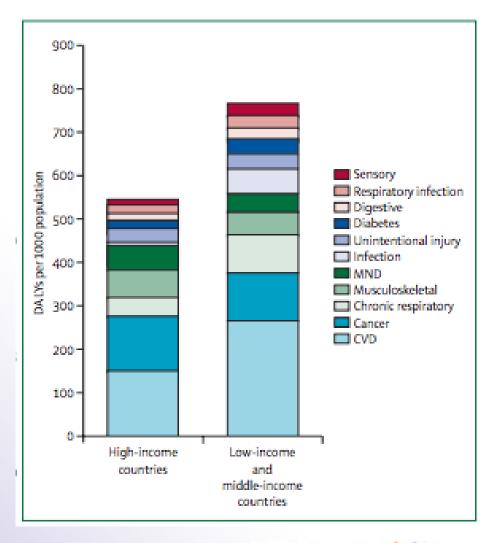


**Frame 2: Competing Priorities** 

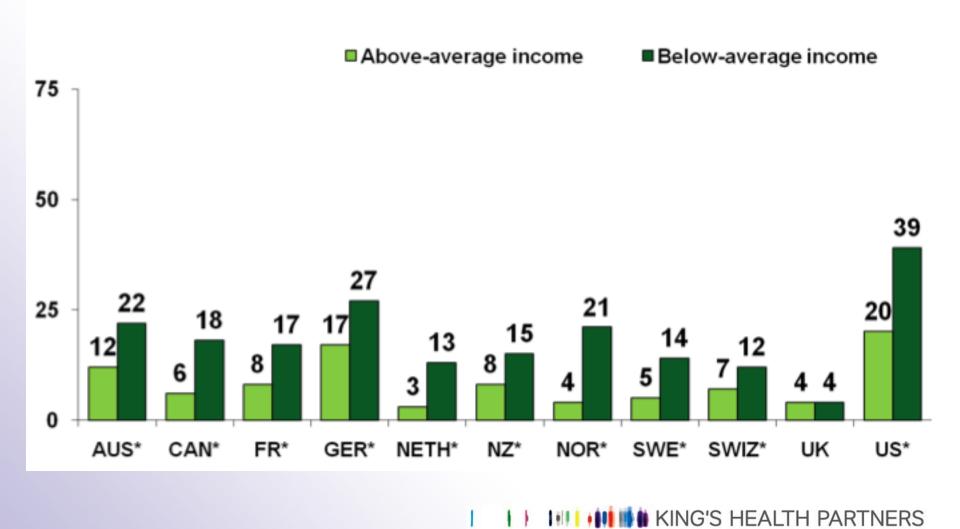
What should we spend our money on?



# Competing priorities: other diseases, other treatment modalities as Europe ages competition will increase

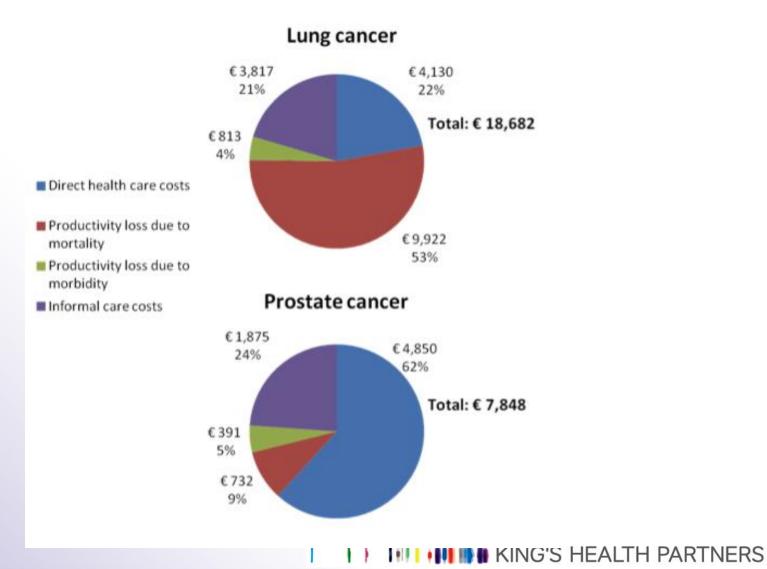


# We know then that growing disease burden is leading to cost-related access problems



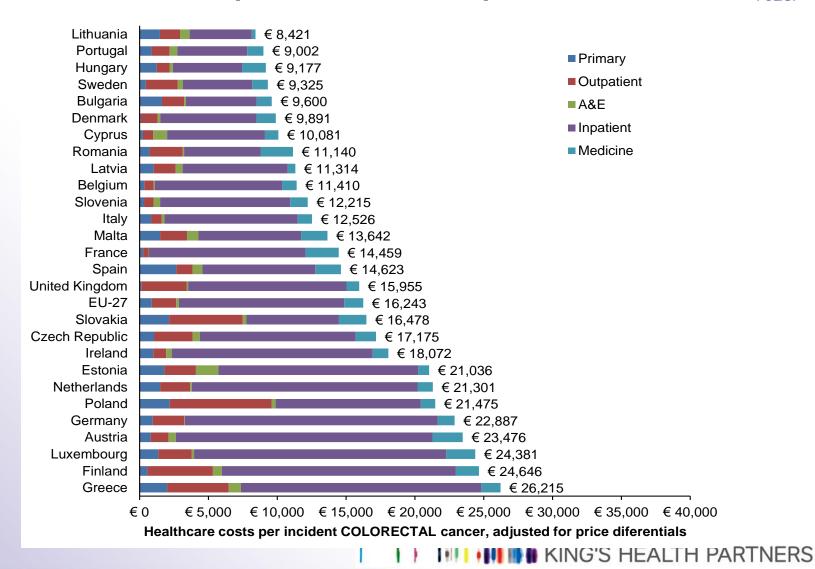


### Frame 3: Macro-economics of cancer



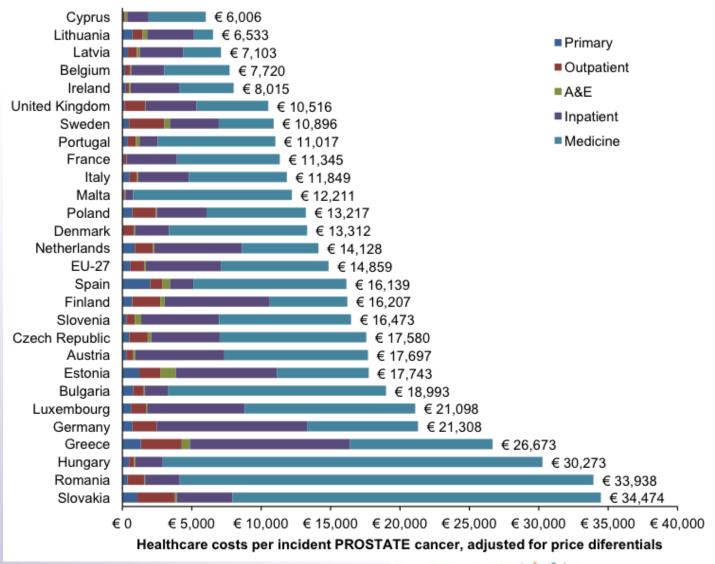
## Massive variation in spend across Europe





#### Includes cancer medicines







**Pricing and** reimbursement structures across **Europe are Byzantine** 

serious problem now with value (price compared to outcomes) of new technologies

"Balthus problem"

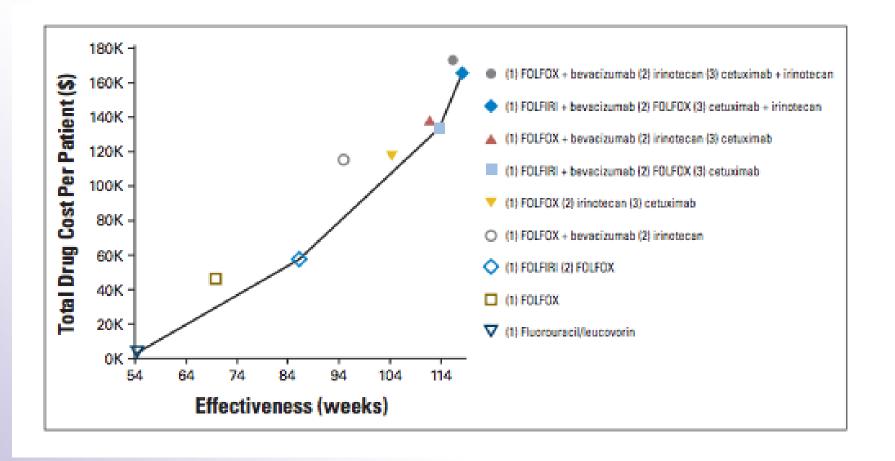




# But the cost issue is not a matter of single medicines:

cancer medicines are framed both as regimens and in the context of multi-modality treatment

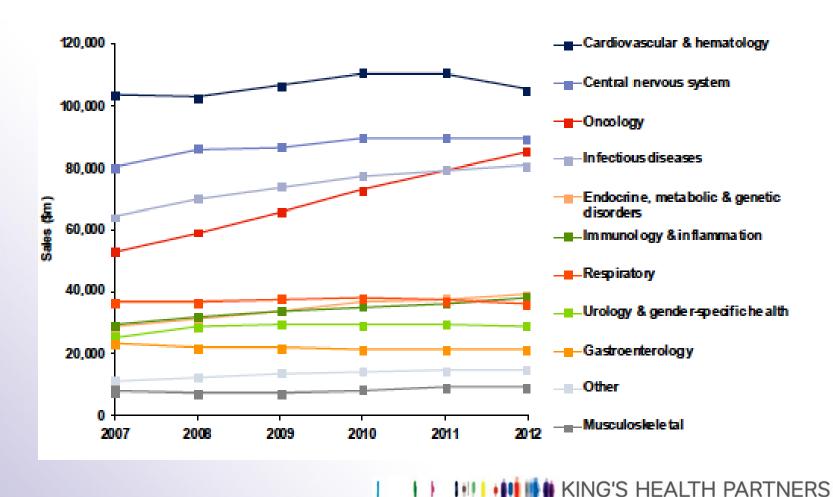


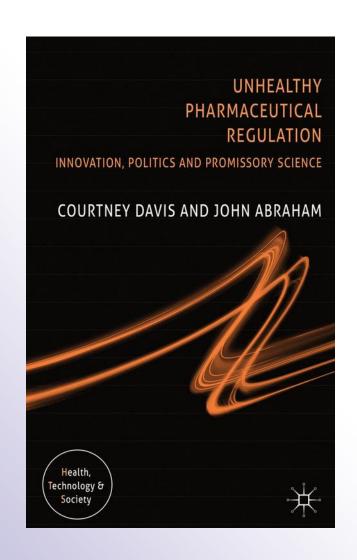


Integrated Cancer Centre

# This leads us onto the other framing problem with macroeconomics of cancer medicines

the commercial imperative...one of the single biggest areas for ROI which swamps public good.





Problem for many EU countries is that one of divergence between regulatory public policy, and evidential needs for rational decision making systems, pricing and reimbursement structures

# Framing public policy and access to cancer medicines





- "Accurately measure costs & link to outcomes", Robert Kaplan & Michael Porter, Sept, 2011 Harvard Business Review: not all medicines are equal, need to understand what is equitable access
- Marketing authorisation & Health Technology Assessments. In built inequity?
- 'Waste' and corruption: systems of governance
- Research portfolio to inform practise and policy
- Macro-economic policy on cancer medicines

# No easy way to fit cancer medicines access into UHC for Europe

