UNMOL (Urdu for Precious): Access to Cancer Medicines in Pakistan

Roche

Submitted as part of Access Accelerated
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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Roche, UNMOL (Urdu for Precious): Access to Cancer Medicines in Pakistan(2018), Access Observatory Boston, US 2018 (online) available from www.accessobservatory.org
Program Description
Program Overview

1. Program Name
Unmol (Urdu for precious): Access to cancer medicines in Pakistan

2. Diseases program aims to address
- Cancer (Breast; Cervical; Leukemia; Hematological; Colorectal)
- Other NCDs (Arthritis)

3. Beneficiary population
- Women
- Men
- People with low income
- Marginalized/ Indigenous people
- Rural Populations

4. Countries
- Pakistan

5. Program start date
February 8, 2017

6. Anticipated program completion date
Completion date not specified

7. Contact person
Muhammad Danish Siddiqui (Head of Market Access - Roche Pakistan):
Muhammad_danish.siddiqui@roche.com

8. Program summary
Roche Pakistan has launched its Patient Support Program for access to cancer medicines, “UNMOL” (Urdu for “Precious”) in August 2017. The program offers a sustainable financial solution for those in need of oncology treatment. Pakistan is a country where patients have to pay out-of-pocket for treatment. We group income levels of patients into three segments:
A) “Fully affording’ patients, who don’t need support but are very few in number.
B) ‘Partially affording’ patients, who are unable to complete their treatment.
C) ‘Non-Affording’ patients who cannot afford even a single treatment cycle.

Roche biologics trastuzumab (Herceptin®), rituximab (Ristova®) and bevacizumab (Avastin®) are targeted therapies and standard of care in many types of cancer. Trastuzumab and rituximab can provide a cure in a specific type of breast cancer and lymphoma respectively. ‘Partially affording’ patients will be supported with a number of treatment cycles based on their financial status, which is evaluated by a third party.

For those who are completely ‘non-affording’ patients, Roche has partnered with the Pakistan Federal Government, who will pay 50% of the treatment cost of trastuzumab and bevacizumab and 83% of the treatment cost of rituximab. Roche Pakistan will provide remaining treatment free of cost. The objective of the program is to enable low income patients to afford standard of care medicines to treat their cancers. This will initially be a pilot program and we are expecting around 1500 patients to benefit in its first eighteen months. Currently there is no URL or webpage for this program.
## Program Strategies & Activities

### 9 Strategies and activities

#### Strategy 1: Price Scheme

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing</td>
<td>Individual credit rating of patients through a third party to support partial affording patient to complete their treatment.</td>
</tr>
</tbody>
</table>

### 10 Strategy by country

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price Scheme</td>
<td>Pakistan</td>
</tr>
</tbody>
</table>
Companies, Partners & Stakeholders

11 Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roche</td>
<td>UNMOL is a Roche Pakistan initiative. Roche has collaborated with the government and an independent third party to implement the patient support program.</td>
</tr>
</tbody>
</table>

12 Funding and implementing partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>ROLE/URL</th>
<th>SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan Bait-ul-Maal</td>
<td>It is federal government entity and has charitable fund. They assess patients’ requests to provide funds for the purchase of medicines they need. In this patient support program as per Memorandum of Understanding (MOU) they provide funds for the 50% of the total treatment cost of Herceptin and Avastin and 83% treatment cost of Ristova to the eligible deserving patients. Roche Pakistan provides remaining treatment free of cost. <a href="http://www.pbm.gov.pk">www.pbm.gov.pk</a></td>
<td>Public</td>
</tr>
<tr>
<td>Dimension Research</td>
<td>They enroll those patients in the program who get approval from Pakistan Bait-ul-Maal (PBM) and provide free of cost medicine to them after they have purchased cycles from PBM fund as per the memorandum of understanding. They also enroll partially affording patients and perform their assessment and allocate free of charge (FOC) scheme accordingly and then also provide FOC medicine as per approved plan. They also educate health care professionals (HCPs) on patient support program (PSP). Dimension Research Third Party URL: <a href="http://www.drcro.com">www.drcro.com</a></td>
<td>Private</td>
</tr>
</tbody>
</table>

13 Funding and implementing partners by country

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan Bait-ul-Maal</td>
<td>Pakistan</td>
</tr>
<tr>
<td>Dimension Research</td>
<td>Pakistan</td>
</tr>
</tbody>
</table>
### Stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>DESCRIPTION OF ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>UNMOL partners with Pakistan’s federal government to provide treatment to eligible cancer patients who will benefit from Roche’s biologics.</td>
</tr>
</tbody>
</table>
Local Context, Equity & Sustainability

15 Local health needs addressed by program

Pakistan is an out of pocket market where per capita income is as low as $1629 per annum and health care expenditure is only 2.8% of GDP. This means that very few patients can afford treatment with biologic medicines. With this in mind, Roche approached the Federal Government with a partnership proposal to address these issues and make the medicines affordable to many more patients. For those patients who do not meet the Federal Government low income status, Roche has appointed an independent third party to perform a financial assessment of the patient and then allocate assistance plan for free of cost medicine from Roche.1

16 Social inequity addressed

Yes, UNMOL addresses social inequity. Every patient has the right to access standard of care medicines, but since Pakistan is an out-of-pocket market, it is very difficult for low- and middle-income patients to afford treatment. Roche’s program helps low- and middle-income patients access innovative biologics which are a standard of care in other countries.

17 Local policies, practices, and laws considered during program design

Roche complies with all local laws, policies and practices wherever it operates. The contracts involved in this partnership have been verified by independent lawyers. In the case of the PSP there are no existing local laws hence we followed Roche guidelines. Pakistan being an out of pocket market with low literacy rate, Roche provided support to the patients through the third party which educates the HCPs and the patients. Our Patient Support Program helps poor patients access to life saving medicine which otherwise they would not receive. This program builds on an existing federal government charity fund, which provides funding to non-affording patients. It recruits partially affording patient through an independent third party that has the required skills and infra structure for this job.

18 How program meets or exceeds local standards

Nothing to report.

19 Program provides health technologies (medical devices, medicines, and vaccines)

Yes.

20 Health technologies are part of local standard treatment guidelines

No. There are no local treatment guidelines.

21 Health technologies are covered by local health insurance schemes

No

22 Program provides medicines listed on the National Essential Medicines List

No. However, program includes medicines which are in the WHO list of essential medicines.
Sustainability plan

We designed the program to be sustainable by using a cost sharing strategy in which individuals, government and Roche share the cost of treatment. This strategy is more sustainable in the long term than a medicine donation program and also covers more patients than a traditional donation program.
Additional Program Information

24 Additional program information
[No response provided].

25 Access Accelerated Initiative participant
Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Yes.
Resources

Program Indicators
## PROGRAM NAME

**UNMOL (Urdu for Precious): Access to Cancer Medicines in Pakistan**

List of indicator data to be reported into Access Observatory database

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TYPE</th>
<th>STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of patients enrolled in patient support program</td>
<td>Output</td>
<td>Price Scheme</td>
</tr>
<tr>
<td>2. Number of patients reached with pricing scheme</td>
<td>Output</td>
<td>Price Scheme</td>
</tr>
</tbody>
</table>
## Number of patients enrolled in patient support program

**ITEM** | **DESCRIPTION**
---|---
Definition | Number of individuals that are enrolled in the patient support program.
Method of measurement | Count of the number of patients enrolled in the program.
Data source | Routine program data
Frequency of reporting | Once per year

### RESPONSIBLE PARTY | DESCRIPTION | FREQUENCY
---|---|---
Data collection | Dimension Research | Ongoing

The program uses a software to record the number of patients enrolled in the program, the number of patients that have started and is going to record the count of patients that complete treatment. Dedicated Patient support officers who are third party employees (Dimension Research) perform this role. The patient support officers who record the data for this patient support program, are trained and provided with a guidance book about how to collect the information. They have also been trained on adverse event reporting.

The process looks as followed: Physicians refer patients to the patient support officer who assesses the financial eligibility of the patients. Eligible patients are enrolled in the scheme after an in-person assessment of the patient’s eligibility (caregivers can represent the patient if the patient is unable to attend) at the Third party’s (Dimension Research) office. After this evaluation, patients sign a consent form and are thus officially enrolled. The patient support officers make telephone calls to all enrolled patients on the day when treatment cycle...
## Number of patients enrolled in patient support program

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection cont.</td>
<td>is due in order to verify if the patient has started the treatment and then record that information in the system. They also record when all the cycles have been completed for which they ask patient to submit hospital stamp/infusion report that shows that patient has received prescribed cycles. Patients receive medicines either directly or medicines are delivered to the pharmacy and patients can get them from there.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Data processing</td>
<td>Dimension Research</td>
<td>The staff (implementing partner) responsible for the data collection and recording was trained on the use of the recording software and on data processing. The supervisor of the data collection staff validates that the information recorded does not have any error in it.</td>
</tr>
<tr>
<td>Data validation</td>
<td>Roche has appointed an audit firm to audit the Third party who is implementing this program. The audit firm will do monthly audits on a randomly selected sample (sample size is 20% of entire population) and quarterly audits on the entire population. The audit firm verifies that the data collected is correct. To do so they refer to defined standard operating procedures (SOP) and other procedures already in place.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Challenges in data collection and steps to address challenges

[No response provided].
## Number of patients reached with pricing scheme

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Number of individuals that received medicines included in the price scheme.</td>
</tr>
</tbody>
</table>
| Method of measurement | Counting the number of individuals that received medicines included in the price scheme.  
Calculation:  
Sum of the number of individuals that received medicines included in the price scheme |
| Data source | Routine program data |
| Frequency of reporting | Ongoing |

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Data collection | Dimension Research  
The program uses a software to record the number of patients enrolled in the program and the numbers that have actually started and completed treatment. Dedicated Patient support officers who are third party (Dimension Research) employees perform this role. These patient support officers who record the data of the number of patients that have started and completed the treatment through this patient support program, are trained and provided with a guidance book on how to collect this information. They have also been trained on adverse event reporting.  
Physicians refer patients to the patient support officer who assesses the financial eligibility of the patients using documents supplied by the patients. Eligible patients are enrolled in the scheme after an in-person assessment of the patient’s eligibility (caregivers can represent the patient if patient is unable to come) at the Third party’s (Dimension Research) office. | Ongoing |
### Number of patients reached with pricing scheme

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>STRATEGY</th>
<th>PRICE SCHEME</th>
</tr>
</thead>
</table>

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<td>After this evaluation, patients sign a consent form and are thus officially enrolled. The patient support officers make telephone calls to all enrolled patients on the day when treatment cycle is due in order to verify if the patient has started the treatment and then record that information in the system. They also record when all the cycles have been completed for which they ask patient to submit hospital stamp/infusion report that shows that patient has received prescribed cycles. Patients receive medicines either directly or medicines are delivered to the pharmacy and patients can get them from there.</td>
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<td></td>
</tr>
<tr>
<td>Challenges in data collection and steps to address challenges</td>
<td></td>
<td>[No response provided].</td>
</tr>
</tbody>
</table>
Appendix

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:
Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population
Please identify the beneficiary population of this program (select all that apply).

4 Countries
Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person
On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary
Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities
Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country
If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles
Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners
Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization’s goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

This program report is based on the information gathered from the Access Observatory questionnaire below.
b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as a business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.).)

c. Please provide the URL to the partner organizations’ webpages.

**Funding and implementing partners by country**

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

**Stakeholders**

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.).) Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

**LOCAL CONTEXT, EQUITY & SUSTAINABILITY**

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime ‘social disparities,’ ‘structural barriers’ and ‘oppression and discrimination’ are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.)*

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How program meets or exceeds local standards

Is there anything else that you would like to report on how your program meets or exceeds local standards?

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)
20 Health technology(ies) are part of local standard treatment guidelines
Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes
Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List
Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan
If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information
Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

25 Access Accelerated Initiative participant
Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database
For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source
For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting
Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection
a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing
a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing — Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation
Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges
Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.