Policy Scorecards©

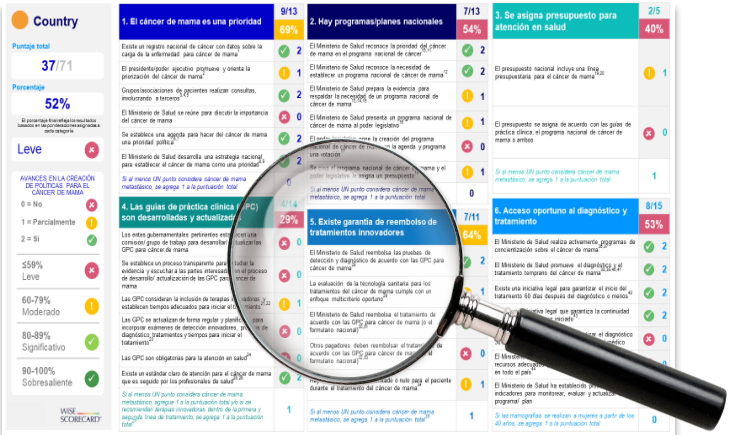
The Policy Scorecards© have been developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer.

Multiple Myeloma

June 2023

Tool to Measure and Evaluate the Policy Landscape

Multiple Myeloma



Country

Puntaje total

37/71

Porcentaje

52%

El porcentaje final refleja los resultados basados en las ponderaciones asignadas a cada categoría

Leve ✗

AVANCES EN LA CREACIÓN DE POLÍTICAS PARA EL CÁNCER DE MAMA

0 = No ✗

1 = Parcialmente !

2 = Sí ✓

≤59% Leve ✗

60-79% Moderado !

80-89% Significativo ✓

90-100% Sobresaliente ✓

1. El cáncer de mama es una prioridad	9/13 69%
Existe un registro nacional de cáncer con datos sobre la carga de la enfermedad para cáncer de mama	✓ 2
El presidente/poder ejecutivo promueve y orienta la priorización del cáncer de mama	! 1
Grupos/asociaciones de pacientes realizan consultas, involucrando a terceros	✓ 2
El Ministerio de Salud se reúne para discutir la importancia del cáncer de mama	✗ 0
Se establece una agenda para hacer del cáncer de mama una prioridad política	✓ 2
El Ministerio de Salud desarrolla una estrategia nacional para establecer el cáncer de mama como una prioridad	✓ 2
Si al menos UN punto considera cáncer de mama metastásico, se agrega 1 a la puntuación total	0

2. Hay programas/planes nacionales	7/13 54%
El Ministerio de Salud reconoce la prioridad del cáncer de mama en el programa nacional de cáncer	✓ 2
El Ministerio de Salud reconoce la necesidad de establecer un programa nacional de cáncer de mama	✓ 2
El Ministerio de Salud prepara la evidencia para respaldar la necesidad de un programa nacional de cáncer de mama	! 1
El Ministerio de Salud presenta un programa nacional de cáncer de mama al poder legislativo	! 1
El poder [illegible] la creación del programa nacional de cáncer de [illegible] la agenda y programa una votación	✗ 0
Se crea el programa nacional de cáncer [illegible] mama y el poder legislativo le asigna un presupuesto	! 1
Si al menos UN punto considera cáncer de mama metastásico, se agrega 1 a la puntuación total	0

3. Se asigna presupuesto para atención en salud	2/5 40%
El presupuesto nacional incluye una línea presupuestaria para el cáncer de mama	! 1
El presupuesto se asigna de acuerdo con las guías de práctica clínica, el programa nacional de cáncer de mama o ambos	✗ 0
Si al menos UN punto considera cáncer de mama metastásico, se agrega 1 a la puntuación total	1

4. Las guías de práctica clínica (GPC) son desarrolladas y actualizadas	4/14 29%
Los entes gubernamentales pertinentes est[illegible]cen una comisión/ grupo de trabajo para desarrollar/[illegible]tualizar las GPC para cáncer de mama	✗ 0
Se establece un proceso transparente para [illegible]tudiar la evidencia y escuchar a las partes interesad[illegible] en el proceso de desarrollo/ actualización de las GPC par[illegible]ncer de mama	✗ 0
Las GPC consideran la inclusión de terapias i[illegible]adoras y establecen tiempos adecuados para iniciar el t[illegible]miento	! 1
Las GPC se actualizan de forma regular y planific[illegible] para incorporar exámenes de detección innovadores, pr[illegible]s de diagnóstico, tratamientos y tiempos para iniciar el tratamiento	✗ 0
Las GPC son obligatorias para la atención en salud	0
Existe un estándar claro de atención para el cáncer de mama que es seguido por los profesionales de salud	✓ 2
Si al menos UN punto considera cáncer de mama metastásico, agregue 1 a la puntuación total y/o si se recomiendan terapias innovadoras dentro de la primera y segunda línea de tratamiento, se agrega 1 a la puntuación total	1

5. Existe garantía de reembolso de tratamientos innovadores	7/11 64%
El Ministerio de Salud reembolsa las pruebas de detección y diagnóstico de acuerdo con las GPC para cáncer de mama	✓ 2
La evaluación de la tecnología sanitaria para los tratamientos del cáncer de mama cumple con un enfoque multicriterio oportuno	1
El Ministerio de Salud reembolsa el tratamiento de acuerdo con las GPC para cáncer de mama (o el formulario nacional)	[illegible]
Otros pagadores deben reembolsar el tratam[illegible] de acuerdo con las GPC para cáncer de ma[illegible] (o el formulario nacional)	✗ 0
Ha[illegible]ado o nulo para el paciente durante el tratamiento del cáncer de mama	! 1
Si al menos UN punto considera cáncer de mama metastásico, se agrega 1 a la puntuación total	1

6. Acceso oportuno al diagnóstico y tratamiento	8/15 53%
El Ministerio de Salud realiza activamente programas de concientización sobre el cáncer de mama	✓ 2
El Ministerio de Salud promueve el diagnóstico y el tratamiento temprano del cáncer de mama	✓ 2
Existe una iniciativa legal para garantizar el inicio del tratamiento 60 días después del diagnóstico o menos	✓ 2
[illegible]iativa legal que garantiza la continuidad [illegible] iniciado	✓ 2
[illegible] el diagnóstico [illegible] médico	✗ 0
El Ministe[illegible] recursos adecua[illegible] en todo el país	[illegible]
El Ministerio de Salud ha establecido [illegible] indicadores para monitorear, evaluar y actualiza[illegible] programa/ plan	[illegible]
Si las mamografías se realizan a mujeres a partir de los 40 años, se agrega 1 a la puntuación total	0

WISE SCORECARD

Wise Scorecard is a tool that supports policy decision-making. It helps to systematically measure the current state of policies and actions against the ideal state of such policies. This type of analysis is very valuable to encourage governments and decision-makers to approve and enact policies, identify where to invest, and define the kind of activities to execute.

- Understands the country context
- Identifies gaps
- Supports effective communication with decision makers
- Provides a tool to monitor progress and redirects efforts to improve patient conditions
- Celebrates and recognizes advances

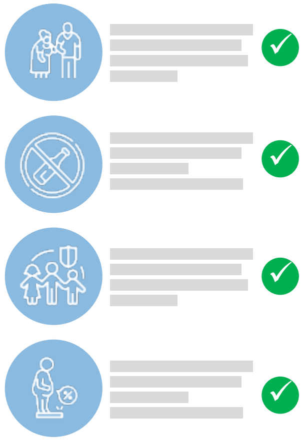
How were the Policy Scorecards Developed?

Multiple Myeloma

1

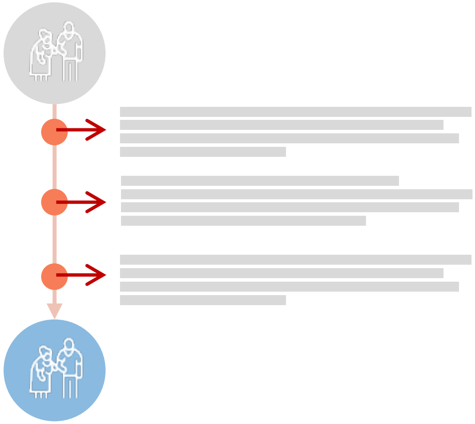
Define **relevant public policy action areas** to understand and measure the current landscape.

2



Define the desired state for each policy action area.

3

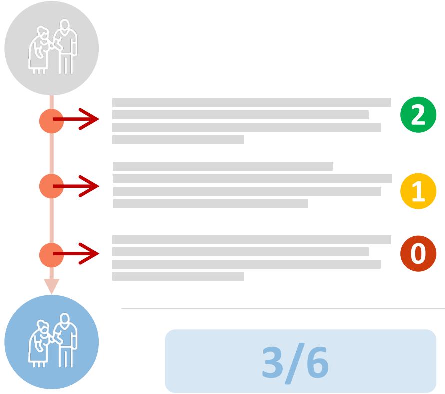


Develop indicators (milestones or intermediate steps) to measure progress toward the desired state in each policy action area.

4

Search for **publicly available information from reliable sources** to determine each indicator's degree or level of compliance.

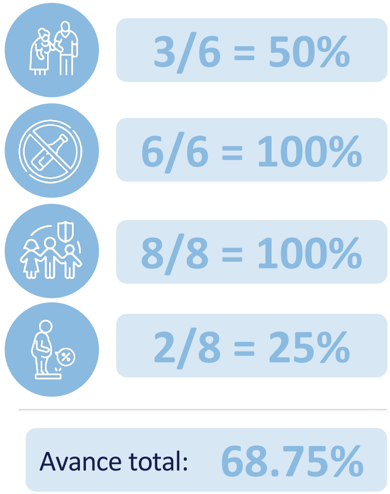
5



Assign scores based on the information found: a score to each indicator and a total score to each of the policy action areas.

6

Calculate the results, determining the percentage of progress in each policy action area and the percentage of overall progress.



3/6 = 50%
6/6 = 100%
8/8 = 100%
2/8 = 25%

Avance total: 68.75%

Use of Policy Scorecards with External Audiences

Celebrate and recognize progress towards achieving an ideal policy environment with different stakeholders, especially government officials.

Provide valuable information to know where to **place the focus of any given conversation and effectively communicate the path forward** to decision makers.

Policy decision makers

Policy influencers

Policy advocates

Key Considerations

- The policy scorecards© are an **evidence-based approach based on publicly available information**, that can foster more objective internal discussions about policy-shaping efforts and strategies.

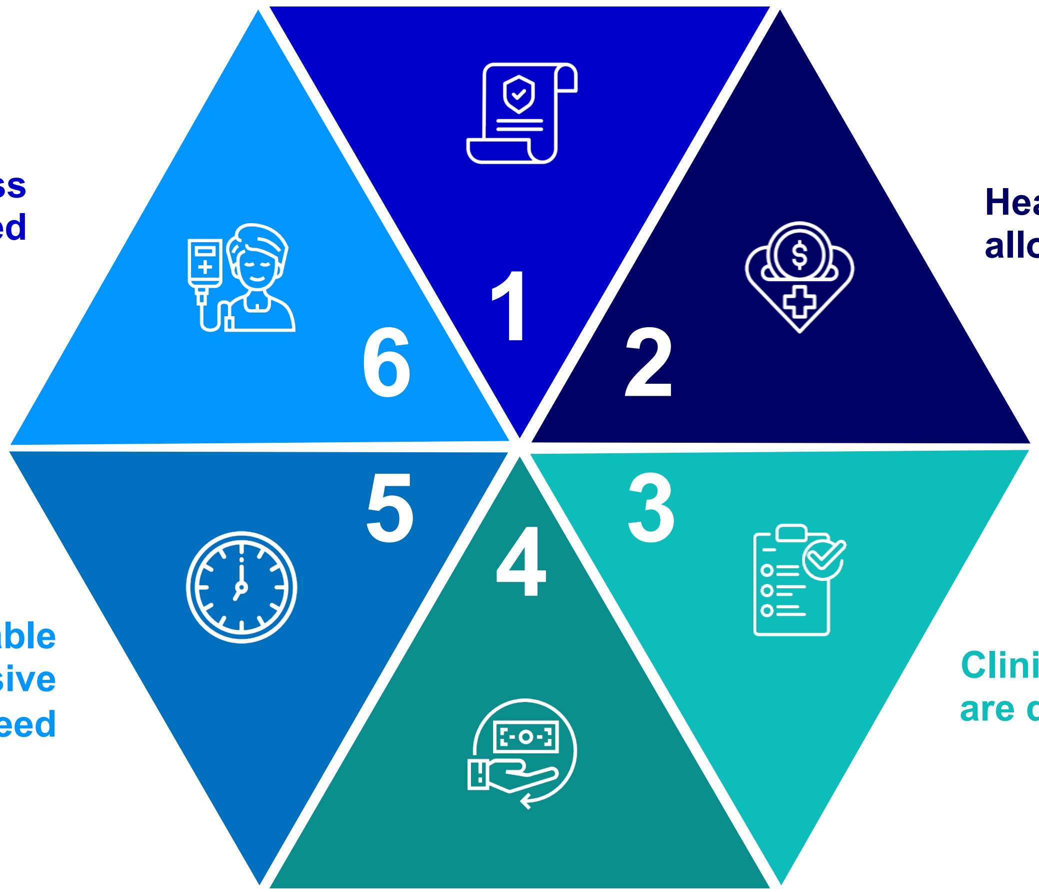
- The policy scorecards© are a live tool to capture policy change. **They change over time.**

The policy situation offers a macro perspective of the country. Still, **it is not an assessment or reflection of the work carried out by the affiliates, nor the level of implementation.**

Desired Policy State

Patients with multiple myeloma (MM) benefit from sustainable and timely access to diagnosis and best possible treatment.

Policy Actions Areas



National programs/plans/ policies are in place

Health care budget is allocated

Clinical practice guidelines are developed and updated

Innovative technologies are promptly reimbursed

Timely and equitable access to comprehensive diagnosis is guaranteed

Timely and equitable access to treatment is guaranteed

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Level of Progress in the Multiple Myeloma Policy Framework

LATAM MAIN FINDINGS

June 2023

Level of Progress in the Region by Policy Action Area

Multiple Myeloma

ACTION AREA IN PUBLIC POLICY	LEVEL OF PROGRESS
4. Innovative technologies are promptly reimbursed	65%
2. Healthcare budget is allocated	63%
6. Timely and equitable access to treatment is guaranteed	57%
1. National programs/ plans/policies are in place	50%
3. Clinical practice guidelines are developed and updated	40%
5. Timely and equitable access to comprehensive diagnosis is guaranteed	30%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59%	Modest	✗
60-79%	Moderate	!
80-89%	Significant	✓
90-100%	Outstanding	★

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WiSE SCORECARD©

Innovative technologies are promptly reimbursed

Multiple Myeloma

Multiple Myeloma*

Country

Total Scoring
22/48

Percentage
46

Overall country progress
Modest ✕

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

0 = No	✕
1 = Partially	!
2 = Yes	✓
<59% Modest	✕
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

1. National programs/plans/ policies are in place	4/6 ! 67%	
MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓	2
National registry is in place with data on burden of disease on MM[2,3]	!	1

2. Health care budget allocated	2/4 ✕50%	
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[4]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[5-10]	!	1

3. Clinical practice guidelines are developed and updated	2/10 ✕20%	
A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[11,12]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[12,13]	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	✕	0
MM guidelines are updated on a regular and planned basis	✕	0
Clinical guidelines become mandatory for the delivery of care	✕	0

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓80%	
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[8,14,15]	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[1,11,16-24]	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[5,24,25]	✓	2
Innovative contracting models are implemented for innovative medicines for MM[26-28]	✓	2
There is no patient cost-sharing for access to healthcare services for MM[8,9,14,15,24]	!	1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 ✕20%	
MoH actively executes MM awareness programs	✕	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM[29]	✕	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[32]	✕	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[8,30,31]	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✕	0

6. Timely and equitable access to treatment is guaranteed	4/8 ✕50%	
Legislative framework exists to guarantee timely initiation of treatment	!	1
Legislative framework ensures continuity of treatment once started	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country[30,31]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✕	0

WiSE SCORECARD

* Implementation not considered

65%

- Important advances can be observed in terms of the coverage of treatments for cancer. However, this doesn't necessarily include innovative treatments.
- In both countries, health technology assessment for cancer treatments includes a multi-criteria approach.
- Treatment coverage and reimbursement is limited in both countries, due to the health system fragmentation in Argentina and the outdated APAC values in Brazil.

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

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60-79% Moderate	!
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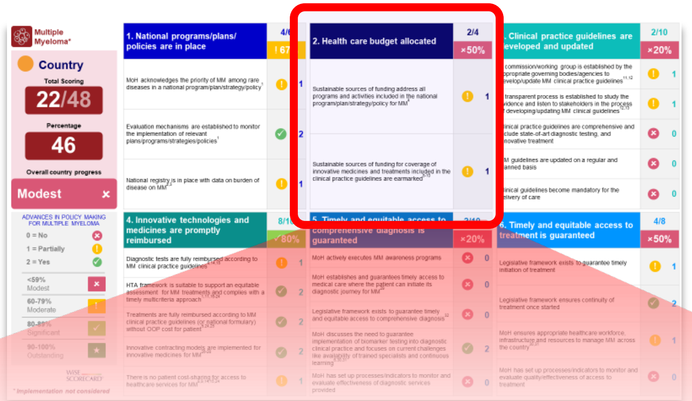
WiSE SCORECARD©

Healthcare budget is allocated

Multiple Myeloma



Multiple Myeloma*

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Overall country progress

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* Implementation not considered

1. National programs/plans/ policies are in place	4/(! 67	
MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓	2
National registry is in place with data on burden of disease on MM	!	1

2. Health care budget allocated	2/4 ✕50%	
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked	!	1

. Clinical practice guidelines are eveloped and updated	2/10 ✕20%	
commission/working group is established by the ppropriate governing bodies/agencies to evelop/update MM clinical practice guidelines[11,12]	!	1
transparent process is established to study the vidence and listen to stakeholders in the process developing/updating MM clinical guidelines[12,13]	!	1
linical practice guidelines are comprehensive and clude state-of-art diagnostic testing, and novative treatment	✕	0
M guidelines are updated on a regular and anned basis	✕	0
linical guidelines become mandatory for the elivery of care	✕	0

4. Innovative technologies and medicines are promptly reimbursed	8/1(✓80%	
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient	✓	2
Innovative contracting models are implemented for innovative medicines for MM	✓	2
There is no patient cost-sharing for access to healthcare services for MM	!	1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 ✕20%	
MoH actively executes MM awareness programs	✕	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM	✕	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis	✕	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✕	0

6. Timely and equitable access to treatment is guaranteed	4/8 ✕50%	
Legislative framework exists to guarantee timely initiation of treatment	!	1
Legislative framework ensures continuity of treatment once started	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✕	0

63%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest	✕
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

- In both countries, funding for some MM medicines is available but varies depending on whether a patient is treated in the public system or covered by private insurance.
- Though there are some efforts to guarantee sustainable funding for cancer treatment, innovative medicines and treatments included in the clinical practice guidelines are not necessarily earmarked.

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WiSE SCORECARD©

Timely and equitable access to treatment is guaranteed

Multiple Myeloma

Multiple Myeloma*

Country

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22/48

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46

Overall country progress

Modest ✕

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

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WiSE SCORECARD©

*Implementation not considered

1. National programs/plans/ policies are in place	4/6 ! 67%	
MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓	2
National registry is in place with data on burden of disease on MM[2,3]	!	1

2. Health care budget allocated	2/4 ✕ 50%	
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[4]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[5-10]	!	1

3. Clinical practice guidelines are developed and updated	2/10 ✕ 20%	
A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[11,12]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[12,13]	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	✕	0
MM guidelines are updated on a regular and planned basis	✕	0
Clinical guidelines become mandatory for the delivery of care	✕	0

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓ 80%	
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[4,14,15]	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[1,11,16-24]	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[5,24,25]	✓	2
Innovative contracting models are implemented for innovative medicines for MM[26-28]	✓	2
There is no patient cost-sharing for access to healthcare services for MM[2,9,14,16,24]	!	1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 ✕ 20%	
MoH actively executes MM awareness programs	✕	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM[29]	✕	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[32]	✕	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[8,30,31]	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✕	0

6. Timely and equitable access to treatment is guaranteed	4/8 ✕ 50%	
Legislative framework exists to guarantee timely initiation of treatment	!	1
Legislative framework ensures continuity of treatment once started	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country[30,31]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✕	0

57%

- In both countries, there are efforts and mechanisms to improve the healthcare workforce, infrastructure, and resources for properly managing cancer patients. However, no specific efforts for multiple myeloma were identified.
- Brazil has a legislative framework to guarantee timely initiation and continuity of treatment.

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

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60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

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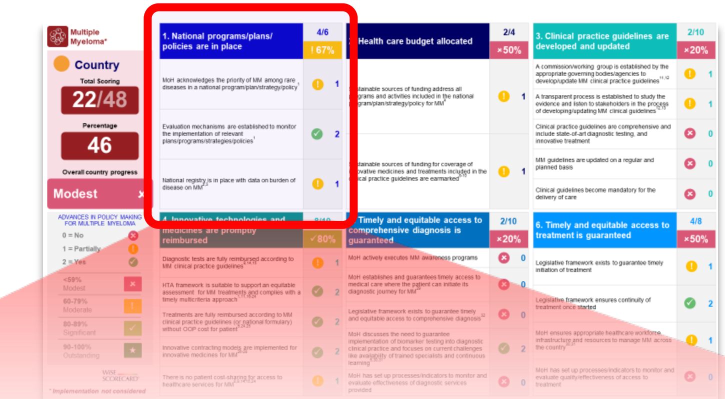
WiSE SCORECARD©

National programs/ plans/policies are in place

Multiple Myeloma



Multiple Myeloma*

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Overall country progress

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* Implementation not considered

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National registry is in place with data on burden of disease on MM	!	1

Health care budget allocated	2/4 ✗50%	
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A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	✗	0
MM guidelines are updated on a regular and planned basis	✗	0
Clinical guidelines become mandatory for the delivery of care	✗	0

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓80%	
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient	✓	2
Innovative contracting models are implemented for innovative medicines for MM	✓	2
There is no patient cost-sharing for access to healthcare services for MM	!	1

Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 ✗20%	
MoH actively executes MM awareness programs	✗	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM	✗	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis	✗	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✗	0

6. Timely and equitable access to treatment is guaranteed	4/8 ✗50%	
Legislative framework exists to guarantee timely initiation of treatment	!	1
Legislative framework ensures continuity of treatment once started	✓	2
MoH ensures appropriate healthcare workforce infrastructure and resources to manage MM across the country	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✗	0

50%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest	✗
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

- In both countries, there is lack of prioritization of MM in the national cancer programs, and no information on MM was found in the national cancer registries.
- Argentina and Brazil have established evaluation mechanisms to monitor the implementation of relevant policies within their national cancer plans.

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Clinical practice guidelines are developed and updated

Multiple Myeloma

Multiple Myeloma*

Country

Total Scoring
22/48

Percentage
46

Overall country progress
Modest ×

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA
0 = No ×
1 = Partially !
2 = Yes ✓

<59% Modest ×
60-79% Moderate !
80-89% Significant ✓
90-100% Outstanding ★

WiSE SCORECARD©

* Implementation not considered

1. National programs/plans/ policies are in place	4/6 ! 67%
MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	! 1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓ 2
National registry is in place with data on burden of disease on MM[2,3]	! 1

2. Health care budget allocated	2/4 × 50%
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[4]	! 1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[5-10]	! 1

3. Clinical practice guidelines are developed and updated	2/10 × 20%
A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[11,12]	! 1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[12,13]	! 1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	× 0
MM guidelines are updated on a regular and planned basis	× 0
Clinical guidelines become mandatory for the delivery of care	× 0

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓ 80%
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[4,14,15]	! 1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[1,17,18-24]	✓ 2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[5,24,25]	✓ 2
Innovative contracting models are implemented for innovative medicines for MM[25-28]	✓ 2
There is no patient cost-sharing for access to healthcare services for MM[2,3,14,15,24]	! 1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 × 20%
MoH actively executes MM awareness programs	× 0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM[22]	× 0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[32]	× 0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[5,30,31]	✓ 2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	× 0

treatment is guaranteed	× 50%
Legislative framework exists to guarantee timely initiation of treatment	! 1
Legislative framework ensures continuity of treatment once started	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country[20,31]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	× 0

40%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest ×

60-79% Moderate !

80-89% Significant ✓

90-100% Outstanding ★

- Brazil and Argentina have working groups or commissions to evaluate the submission and/or approval of new technologies, but they don't update clinical practice guidelines and their recommendations are not binding. The Argentine Society of Hematology (SAH) has set up the Argentine Group on Multiple Myeloma, which published brief recommendations in the journal *Revista Hematología*.
- The Argentinean Hematology Society (SAH) has its diagnosis and treatment guidelines for MM, but they are not binding for the decision-making process. In Brazil, the current DDT for MM is outdated (2015).
- Clinical guidelines are not mandatory for the delivery of care in either of the countries.

Timely and equitable access to comprehensive diagnosis is guaranteed

Multiple Myeloma

Multiple Myeloma*

Country

Total Scoring
22/48

Percentage
46

Overall country progress
Modest ✗

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

0 = No ✗
1 = Partially !
2 = Yes ✓

<59% Modest ✗
60-79% Moderate !
80-89% Significant ✓
90-100% Outstanding ★

WiSE SCORECARD©

** Implementation not considered*

1. National programs/plans/ policies are in place	4/6 ! 67%	
MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓	2
National registry is in place with data on burden of disease on MM[2,3]	!	1

2. Health care budget allocated	2/4 ✗ 50%	
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[4]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[5-10]	!	1

3. Clinical practice guidelines are developed and updated	2/10 ✗ 20%	
A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[11,12]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[12,13]	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	✗	0
MM guidelines are updated on a regular and planned basis	✗	0
Clinical guidelines become mandatory for the delivery of care	✗	0

4. Innovative technologies and medicines are promptly reimbursed	8/1 ✓80	
Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[8,14,15]	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[1,11,16-24]	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[5,24,25]	✓	2
Innovative contracting models are implemented for innovative medicines for MM[26-28]	✓	2
There is no patient cost-sharing for access to healthcare services for MM[8,9,14,15,24]	!	1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	2/10 ✗ 20%	
MoH actively executes MM awareness programs	✗	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM[29]	✗	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[32]	✗	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[8,30,31]	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✗	0

. Timely and equitable access to reatment is guaranteed	4/8 ✗ 50%	
egislative framework exists to guarantee timely itiation of treatment	!	1
egislative framework ensures continuity of eatment once started	✓	2
oH ensures appropriate healthcare workforce, frastructure and resources to manage MM across e country[30,31]	!	1
oH has set up processes/indicators to monitor and valuate quality/effectiveness of access to eatment	✗	0

30%

- No evidence of any awareness programs for MM led by the MoH was found in Argentina or Brazil.
- There are efforts regarding molecular tests and specialist training in Argentina, however, none is specific to MM.
- No evidence of process indicators to evaluate the effectiveness of diagnostic services provided for MM was found in either of the countries.

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest	✗
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

The Policy Scorecards© have been developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer.
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LATAM Analysis

June 2023

Total score per country*

Multiple Myeloma

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest	✗
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

Country	Score
Brazil	52%
Argentina	46%

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Score by Policy Action Area

1. National program/plan/policies in place	Score
Argentina	67%
Brazil	33%

2. Health care budget allocated	Score
Brazil	75%
Argentina	50%

3. Clinical practice guidelines are developed and updated	Score
Brazil	50%
Argentina	20%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest	60-79% Moderate	80-89% Significant	90-100% Outstanding
×	!	✓	★

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WiSE SCORECARD©

Score by Policy Action Area

4. Innovative technologies and medicines are promptly reimbursed	Score
Argentina	80%
Brazil	50%

5. Timely and equitable access to comprehensive diagnosis is guaranteed	Score
Brazil	40%
Argentina	20%

6. Timely and equitable access to treatment is guaranteed	Score
Brazil	63%
Argentina	50%

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

<59% Modest ✗	60-79% Moderate !	80-89% Significant ✓	90-100% Outstanding ★

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Country Scorecards and Key Findings LATAM Countries

June 2023

Argentina

Multiple Myeloma*

Argentina

Total Scoring

22/48

Percentage

46

Overall country progress

Modest ✗

1. National programs/plans/policies are in place

4/6

! 67%

MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1]	✓	2
National registry is in place with data on burden of disease on MM[2,3]	!	1

2. Health care budget allocated

2/4

✗50%

Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[4]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[5-10]	!	1

3. Clinical practice guidelines are developed and updated

2/10

✗20%

A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[11,12]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[12,13]	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	✗	0
MM guidelines are updated on a regular and planned basis	✗	0
Clinical guidelines become mandatory for the delivery of care	✗	0

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

0 = No	✗
1 = Partially	!
2 = Yes	✓
<59% Modest	✗
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

4. Innovative technologies and medicines are promptly reimbursed

8/10

✓80%

Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[8,14,15]	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[1,11,16-24]	✓	2
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[9,24,25]	✓	2
Innovative contracting models are implemented for innovative medicines for MM[26-28]	✓	2
There is no patient cost-sharing for access to healthcare services for MM[8,9,14,15,24]	!	1

5. Timely and equitable access to comprehensive diagnosis is guaranteed

2/10

✗20%

MoH actively executes MM awareness programs	✗	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM[29]	✗	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[32]	✗	0
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[6,30,31]	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✗	0

6. Timely and equitable access to treatment is guaranteed

4/8

✗50%

Legislative framework exists to guarantee timely initiation of treatment	!	1
Legislative framework ensures continuity of treatment once started	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country[30,31]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✗	0

WiSE SCORECARD®

*** Implementation not considered***

Key Findings

- The **National Cancer Control Plan 2018-2022 (NCCP)** does not focus on MM, and no evidence was found suggesting that the MoH acknowledges the need to establish a **national plan or program on MM.** However, the NCCP includes a working line titled ***Oncohematology*** with an associated table of indicators.
- The **Institutional Tumor Registry of Argentina (RITA),** which captures information on access, diagnosis, therapy, and clinical stage, reports data on MM under ***Plasma cell tumors***, as part of the ***Other hematological tumors'*** section. However, **no information was found to confirm whether data on MM are collected in a disaggregated manner.** In addition, not all medical oncologists report data to RITA. As a result, this does not provide an accurate picture of the country complex reality.
- The health system is highly fragmented with **no national benefit package for the entire population**. To be fully reimbursed in the public, social security and private sector, medicines need to be listed in one among: the Mandatory Medical Program (PMO), national oncological protocols, clinical practice guidelines, or the reimbursement system for high-cost medicines. The PMO is a basic basket of mandatory benefits that every health maintenance organization (HMO) must cover in its plans. There is evidence that currently **some medications for MM are provided free-of-charge.**
- MoH's GPGs, though developed through an evidence-based and participatory process, are often not comprehensive and their implementation is not mandatory. Yet no MoH's CPGs for MM were found. The Argentinean Hematology Society (SAH) has their diagnosis and treatment guidelines for MM published in 2020. An update was released in 2022 to acknowledge the use of combination therapies for treatment of relapsing or refractory MM. SAH's guidelines are usually updated at least every 2 years, but they are not binding.
- While the **National Commission of Health Technology Assessment (CONETEC)** carries out evaluations and issues recommendations, its **opinions are not binding.**
- **Diagnosis coverage has some payment restrictions** even in the private sector. It depends on each HMO.
- **Unlike LATAM, Argentina does not use out of pocket, except in exceptional cases.**
- **Some pharmacies use early access programs (EAPs) to familiarize the oncologists with the medication** and then the system must absorb the cost of continuity.
- No evidence emerged of MoH's involvement in **MM awareness-raising campaigns**.
- No legislative framework emerged to guarantee **equitable and timely access to diagnosis, initiation of treatment, or continuity of treatment**. Sometimes patients need to appeal to gain access to treatment.

Brazil

Multiple Myeloma*

Brazil

Total Scoring

26/48

Percentage

52

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR MULTIPLE MYELOMA

0 = No	✗
1 = Partially	!
2 = Yes	✓
<59% Modest	✗
60-79% Moderate	!
80-89% Significant	✓
90-100% Outstanding	★

WiSE SCORECARD®

*** Implementation not considered***

1. National program/plan policies in place

2/6

✗ 33%

MoH acknowledges the priority of MM among rare diseases in a national program/plan/strategy/policy[1-7,9]	!	1
Evaluation mechanisms are established to monitor the implementation of relevant plans/programs/strategies/policies[1,8]	!	1
National registry is in place with data on burden of disease on MM[47]	✗	0

2. Health care budget allocated

3/4

! 75%

Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for MM[1,10,11]	✓	2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[2,12-14]	!	1

3. Clinical practice guidelines are developed and updated

6/10

! 60%

A commission/working group is established by the appropriate governing bodies/agencies to develop/update MM clinical practice guidelines[15,16]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating MM clinical guidelines[15-23,48]	✓	2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment[18-23]	!	1
MM guidelines are updated on a regular and planned basis[18-21,24,25]	!	1
Clinical guidelines become mandatory for the delivery of care[18,23,26-29]	!	1

4. Innovative technologies and medicines are promptly reimbursed

5/10

✗ 50%

Diagnostic tests are fully reimbursed according to MM clinical practice guidelines[15,18,30]	!	1
HTA framework is suitable to support an equitable assessment for MM treatments and complies with a timely multicriteria approach[15,16,26,31]	!	1
Treatments are fully reimbursed according to MM clinical practice guidelines (or national formulary) without OOP cost for patient[18,26-29,32]	!	1
Innovative contracting models are implemented for innovative medicines for MM[33]	✗	0
There is no patient cost-sharing for access to healthcare services for MM[34-37]	✓	2

5. Timely and equitable access to comprehensive diagnosis is guaranteed

4/10

✗ 40%

MoH actively executes MM awareness programs	✗	0
MoH establishes and guarantees timely access to medical care where the patient can initiate its diagnostic journey for MM	✗	0
Legislative framework exists to guarantee timely and equitable access to comprehensive diagnosis[38]	✓	2
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning[19,20]	!	1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided[39,40]	!	1

6. Timely and equitable access to treatment is guaranteed

5/8

! 63%

Legislative framework exists to guarantee timely initiation of treatment[41]	✓	2
Legislative framework ensures continuity of treatment once started[41]	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage MM across the country[5.13,27,42-44]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment[39,45,46]	✗	0

Key Findings

- **MM is not prioritized in any of the national strategic health policies**, and no evidence was found of any ongoing efforts to establish a specific program or policy or to increase national discussions regarding MM. No information on MM was found in the national cancer registry from the National Cancer Institute (INCA).
- **In the public sector, diagnosis, medicines, and treatment for all types of cancer, including MM, are provided free of charge in accredited hospitals**. Cancer-specific cap values per cycle of treatment (known as APAC – Authorization of High Complexity Procedure), set by the MoH, guide hospitals' reimbursement for the services provided. Some evidence suggests that **APAC values are not updated and may not be sufficient to cover many of the innovative medicines already approved for use in the national health system (*Sistema Único de Saúde*, SUS)**, and some criticisms of the lack of an effective monitoring process on how APAC is spent within the hospitals also exist. No specific information on whether APAC value for **MM** is considered updated/sufficient was found.
- **Both public and private sectors follow well-established, multi-criteria, and participatory processes for HTA and guidelines development**, but there seems to be lack of transparency regarding the influence of each criterion on the final decisions.
- **The MoH's DDT for MM was last revised in 2015**, but a new one was already validated and is waiting for official publication. Guidelines don't apply to the public system.
- In Brazil, the patient has the legal right to the best-in-class treatment. However, it takes a legal injunction process.
- **Law No. 13,896 (2019) and Law No. 12,732 (2012) provide for a maximum period of 30 days for access to diagnosis after a positive screening result and a maximum period of 60 days for treatment initiation after diagnosis confirmation.** However, evidence suggests that these laws' effective monitoring and evaluation processes are lacking.

Final considerations

June 2023

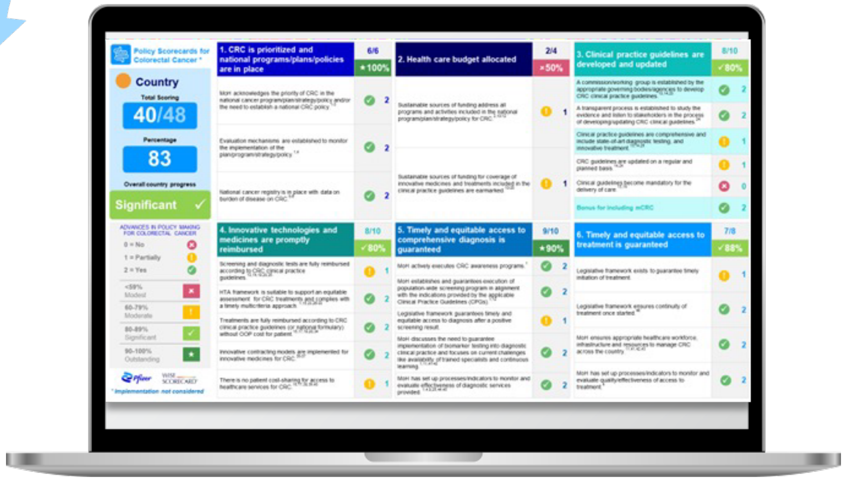
The Importance of Celebrating Progress

- All countries have implemented at least some provisions aimed at ensuring continuity of care for patients.
- All countries have taken some steps to improve the capacity, infrastructure, or equipment of health systems, although these efforts are not always directed exclusively at multiple myeloma.

We All Have a Role to Play

- It is important to build and promote spaces for constructive debate on possible areas for improvement.
- There has been progress, but there are areas that require improvement and therefore represent an opportunity.

Evaluating the progress of public policies is key to achieving their implementation and obtaining the expected results.



Policy Scorecards for Colorectal Cancer *

Country

Total Scoring

40/48

Percentage

83

Overall country progress

Significant ✓

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

0 = No ✗
1 = Partially !
2 = Yes ✓

<59% Modest ✗
60-79% Moderate !
80-89% Significant ✓
90-100% Outstanding ★

Pfizer WiSE SCORECARD

* Implementation not considered

1. CRC is prioritized and national programs/plans/policies are in place	6/6 ★100%
MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy	✓ 2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy	✓ 2
National cancer registry is in place with data on burden of disease on CRC	✓ 2

2. Health care budget allocated	2/4 ✗50%
Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for CRC	! 1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked	! 1

3. Clinical practice guidelines are developed and updated	8/10 ✓80%
A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment	! 1
CRC guidelines are updated on a regular and planned basis	! 1
Clinical guidelines become mandatory for the delivery of care	✗ 0
Bonus for including mCRC	✓ 2

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓80%
Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines	! 1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach	✓ 2
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient	✓ 2
Innovative contracting models are implemented for innovative medicines for CRC	✓ 2
There is no patient cost-sharing for access to healthcare services for CRC	! 1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	9/10 ★90%
MoH actively executes CRC awareness programs	✓ 2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs)	✓ 2
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result	! 1
MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning	✓ 2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided	✓ 2

6. Timely and equitable access to treatment is guaranteed	7/8 ✓88%
Legislative framework exists to guarantee timely initiation of treatment	! 1
Legislative framework ensures continuity of treatment once started	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country	✓ 2
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✓ 2

Success redefines the problem

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June 2023

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Thank you

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