Policy Scorecards©

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

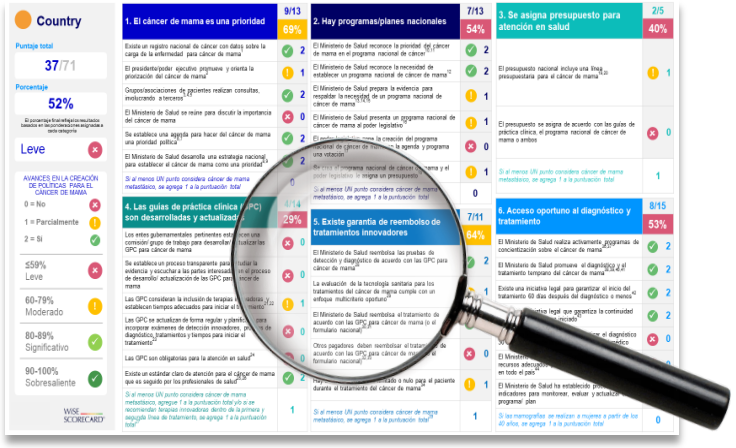
Prostate Cancer

June 2023

POLICY WISDOM

Tool to Measure and Evaluate the Policy Landscape

Prostate Cancer



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

POLICY WISDOM

WiSE SCORECARD©

How were the Policy Scorecards Developed?

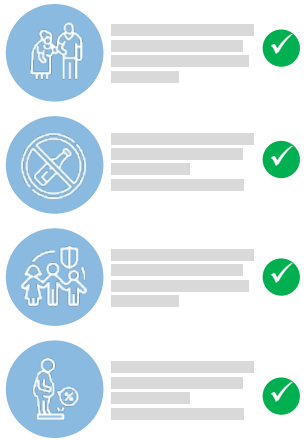
Prostate Cancer

1

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

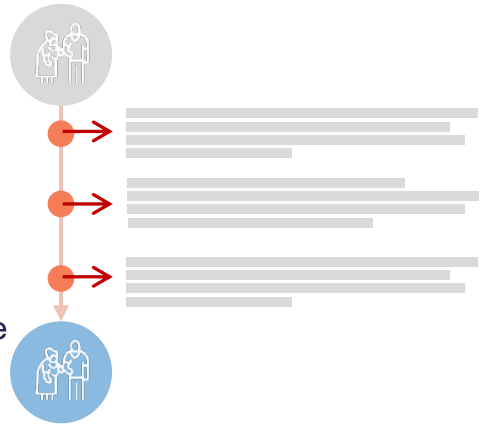
2

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.

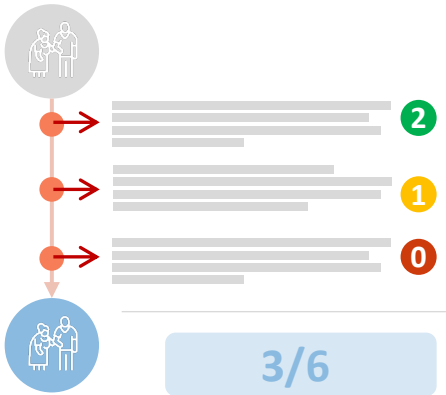


4

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

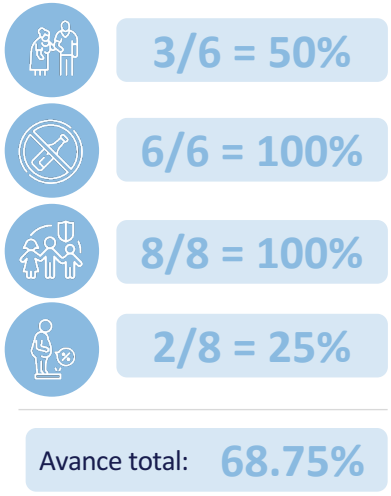
5

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.



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Use of Policy Scorecards with External Audiences

Prostate Cancer

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

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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.

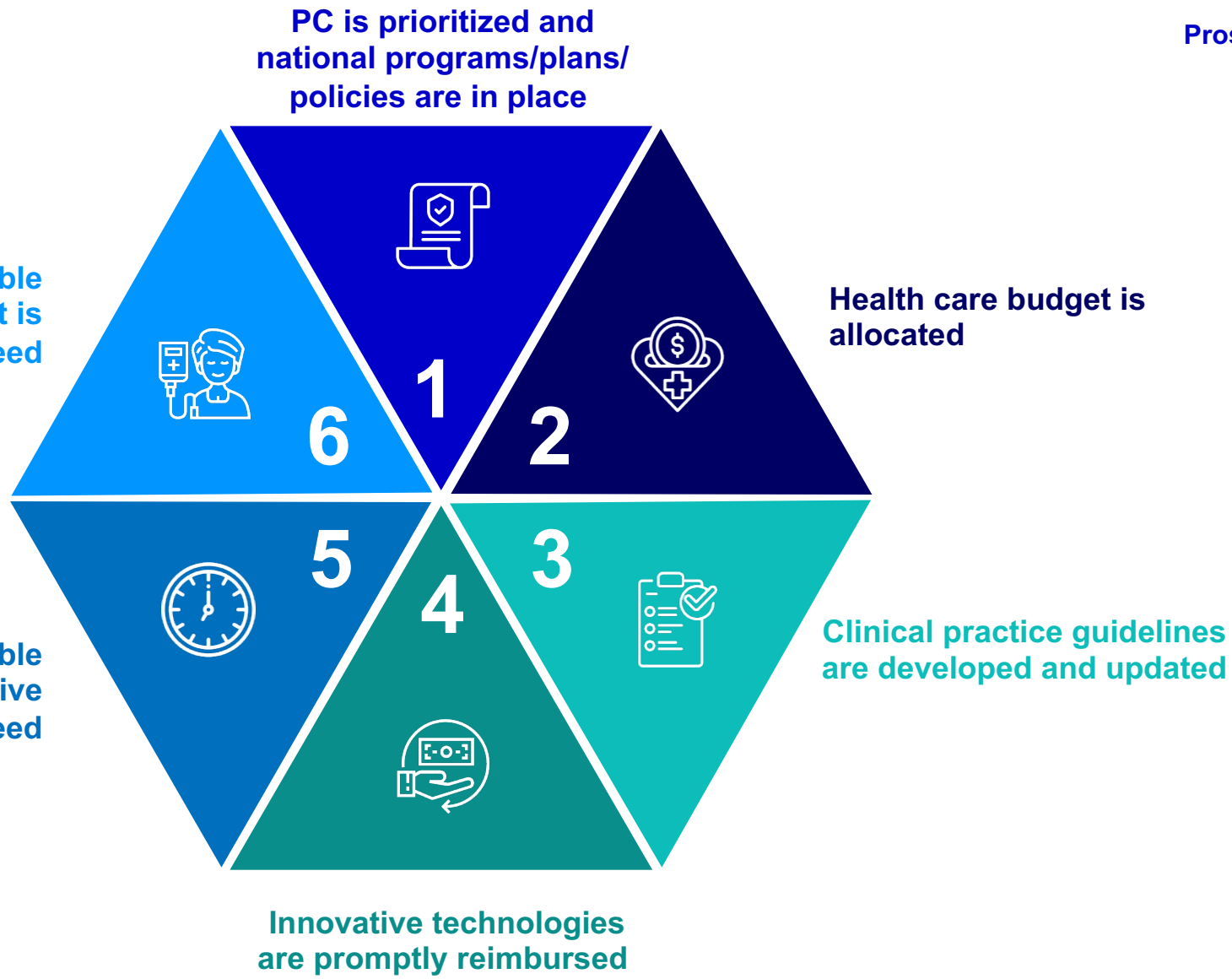
- The policy scorecards© are a live tool to capture policy change. **They change over time.**

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 prostate cancer (PC) benefit from sustainable and timely access to diagnosis and best possible treatment.

Policy Actions Areas



Level of Progress in the Prostate Cancer Policy Framework

LATAM MAIN FINDINGS

June 2023

Level of Progress in the Region by Policy Action Area

Prostate Cancer

ACTION AREA IN PUBLIC POLICY	LEVEL OF PROGRESS
1. PC is prioritized, and national programs/plans/policies are in place	78%
2. Healthcare budget is allocated	71%
3. Clinical practice guidelines are developed and updated	67%
4. Innovative technologies are promptly reimbursed	60%
6. Timely and equitable access to treatment is guaranteed	59%
5. Timely and equitable access to comprehensive diagnosis is guaranteed	50%

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- <59% Modest
- 60-79% Moderate
- 80-89% Significant
- 90-100% Outstanding

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WiSE SCORECARD©

PC is prioritized, and national programs/plans/policies are in place

- One third of the countries have identified PC as a priority condition in their national frameworks, yet there is a need for increased emphasis on PC in Chile and Mexico.
- Out of the six countries, four (67%) have implemented evaluation mechanisms to monitor the execution of their PC-related strategies. There is still room for improvement in this regard in Colombia and Mexico.
- Argentina, Brazil, and Colombia have effectively established frameworks for data recording, while opportunities for improvement remain for Chile, Costa Rica, and Mexico.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

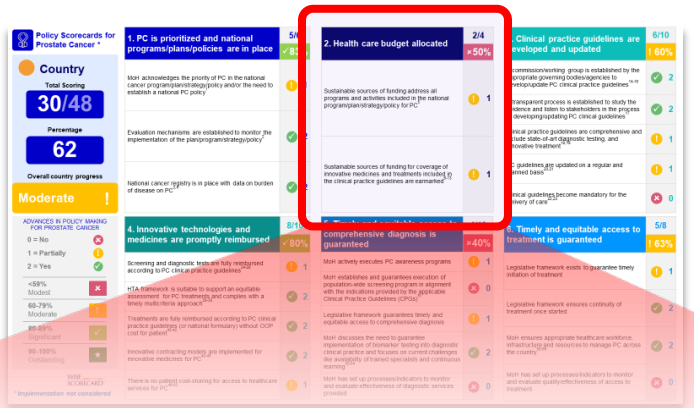
<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

Healthcare budget is allocated



71%

- Except for Argentina and Mexico, all countries have provisions or are working at provisions that clearly identify sources of funding to support the programs and activities outlined in their national frameworks that focus on PC.
- In terms of funding sources identified to subsidize patient access to medicines, only Costa Rica has effectively implemented flexible measures to ensure patient access even to unavailable medications through an open therapeutic formulary.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

<59% Modest ✖

60-79% Moderate !

80-89% Significant ✓

90-100% Outstanding ★

Clinical practice guidelines are developed and updated

Prostate Cancer

- Two third of the countries have clearly defined accountable entities responsible for CPG development or establish specialized panels for this purpose.
- All countries have made efforts to offer some degree of transparency regarding the processes employed for CPG development for PC. However, these often provide limited insights into healthcare decision-making, primarily due to fragmentation within healthcare systems and the non-binding nature of CPGs.
- Considerable room for enhancement exists in the development of PC CPGs across the target countries, with only Colombia and Costa Rica standing out for their comprehensive guidelines.
- Except for Mexico, the countries have established at least some measures to favor regular updates of clinical practice guidelines.
- None of the countries have established a mandate for healthcare providers to adhere to official CPGs.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

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60-79% Moderate

80-89% Significant

90-100% Outstanding

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WiSE SCORECARD©

Innovative technologies are promptly reimbursed

Prostate Cancer

60%

- Colombia is the only country recognizing health promotion and disease prevention services among the exceptions to copayment application, while no legislative basis has been identified to remove barriers to equitable access to state-of-art diagnostics technologies in other countries. HTA frameworks suitable to promote patient access to the best available treatments for PC exist only in Colombia and Mexico, while in the rest of the countries these are hampered by stakeholder fragmentation, lack of transparency and low emphasis on individual and societal benefit-related considerations.Two third of the countries lack adequate frameworks to guarantee patients free access to the best available technologies.
- Experience with innovative contracting models is limited in the six countries.67% of the countries have established some frameworks to support free patient access to healthcare services for PC.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

<59% Modest ✖

60-79% Moderate !

80-89% Significant ✓

90-100% Outstanding ★

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WiSE SCORECARD©

Timely and equitable access to comprehensive diagnosis is guaranteed

- While some level of awareness raising is conducted in all countries, Colombia and Mexico emphasize the importance of PC in more structured awareness raising efforts.
- Except for Argentina and Brazil, some screening initiatives have been implemented in all countries.
- Among the countries, only Brazil has established a legislative framework to determine the maximum time for diagnosis confirmation. Argentina and Chile have also taken some steps in this direction.
- Discussions regarding biomarker testing and its implementation are limited in the six target countries, especially in Brazil and Chile.
- Except for Argentina, each country has established indicators or offered guidance to enhance the effectiveness of the PC diagnostic services provided.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

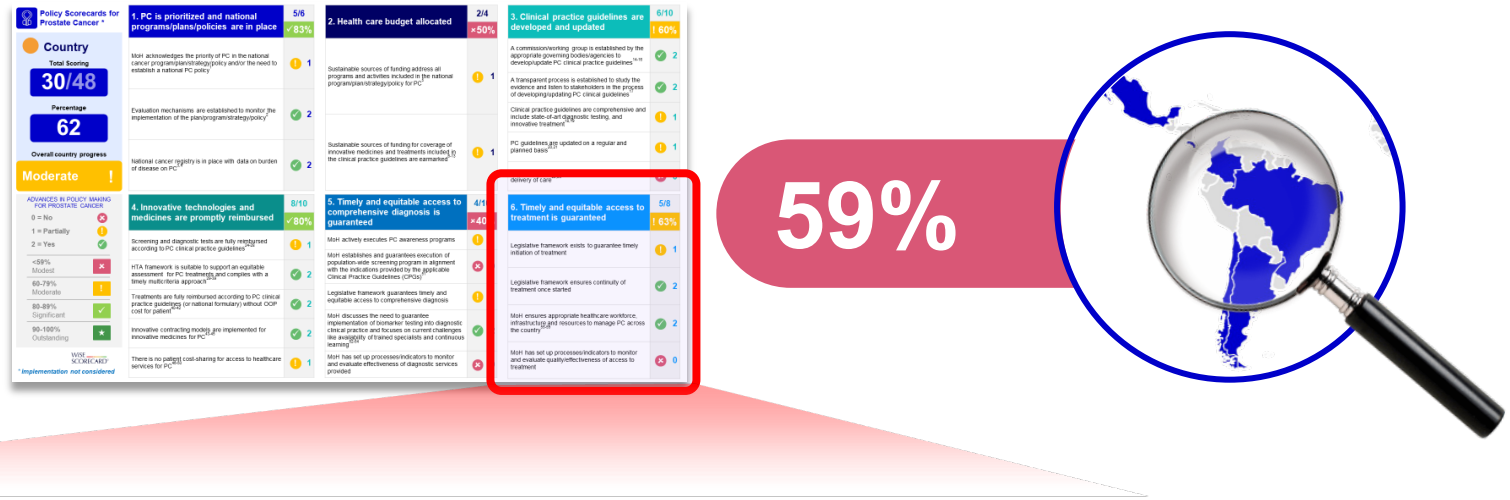
<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

Timely and equitable access to comprehensive diagnosis is guaranteed



- Only half of the countries have undertaken efforts to ensure the timely initiation of treatment for patients affected by PC.
- All countries have implemented at least some provisions aimed at ensuring the continuity of care for patients.
- Every country has taken some measures to enhance health system capacity, infrastructure, or equipment, even though these efforts are not always exclusively directed at PC.
- Except Argentina and Chile, all countries have established indicators or provided guidance for monitoring and evaluating the quality and effectiveness of access to PC treatment services.

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

LATAM Analysis

June 2023

Total score per country*

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- **<59%** Modest
- **60-79%** Moderate
- **80-89%** Significant
- **90-100%** Outstanding

Country	Score
Colombia	75%
Costa Rica	71%
Brazil	69%
Argentina	56%
Mexico	48%
Chile	36%

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Score by Policy Action Area

1. PC is prioritized, and national programs/plans/policies are in place	Score
Brazil	100%
Argentina	83%
Colombia	83%
Costa Rica	83%
Chile	67%
Mexico	50%

2. Health care budget allocated	Score
Costa Rica	100%
Brazil	75%
Chile	75%
Colombia	75%
Argentina	50%
Mexico	50%

3. Clinical practice guidelines are developed and updated	Score
Brazil	80%
Colombia	80%
Chile	70%
Costa Rica	70%
Argentina	50%
Mexico	50%

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

<59% Modest	60-79% Moderate	80-89% Significant	90-100% Outstanding

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Score by Policy Action Area

4. Innovative technologies and medicines are promptly reimbursed	Score
Argentina	80%
Colombia	80%
Costa Rica	70%
Brazil	50%
México	50%
Chile	30%

5. Timely and equitable access to comprehensive diagnosis is guaranteed	Score
Colombia	70%
Costa Rica	60%
Brazil	50%
Mexico	50%
Chile	40%
Argentina	30%

6. Timely and equitable access to treatment is guaranteed	Score
Brazil	75%
Chile	63%
Colombia	63%
Costa Rica	63%
Argentina	50%
Mexico	38%

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

<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

Policy Scorecards for Prostate Cancer *

Argentina

Total Scoring

27/48

Percentage

56

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No ✗
- 1 = Partially !
- 2 = Yes ✓

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place	5/6 ✓83%
MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy[1]	! 1
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy[2]	✓ 2
National cancer registry is in place with data on burden of disease on PC[3,4]	✓ 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 PC[5]	! 1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[6-13]	! 1

3. Clinical practice guidelines are developed and updated	5/10 ×50%
A commission/working group is established by the appropriate governing bodies/agencies to develop/update PC clinical practice guidelines[14-16]	! 1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines[17]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment[18,19]	! 1
PC guidelines are updated on a regular and planned basis[20,21]	! 1
Clinical guidelines become mandatory for the delivery of care[22,23]	✗ 0

4. Innovative technologies and medicines are promptly reimbursed	8/10 ✓80%
Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines[24-28]	! 1
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach[29-39]	! 1
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient[40-42]	✓ 2
Innovative contracting models are implemented for innovative medicines for PC[43-45]	✓ 2
There is no patient cost-sharing for access to healthcare services for PC[46-50]	✓ 2

5. Timely and equitable access to comprehensive diagnosis is guaranteed	3/10 ×30%
MoH actively executes PC awareness programs	! 1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs)[51]	✗ 0
Legislative framework guarantees timely and equitable access to comprehensive diagnosis	! 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[52-54]	! 1
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 PC across the country[55-59]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment	✗ 0

Argentina Key Findings

- The **National Cancer Control Plan 2018-2022 (NCCP)** does not specifically target PC or mPC and lacks sustainable financial allocations for its implementation. No evidence was found to suggest that the MoH acknowledges the need to establish a national plan or program for PC.
- The **Institutional Tumor Registry of Argentina (RITA)** covers PC, including information on access, diagnosis, therapy, and clinical stage. Yet, 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 specialties for PC/mPC are provided free-of-charge**, but the reimbursement level fixed for HMO to treat adult men with castration-resistant metastatic prostate cancer whose disease has progressed during or after treatment with docetaxel or are not eligible for chemotherapy with docetaxel, is insufficient.
- MoH's CPGs, though developed through an evidence-based and participatory process, are not comprehensive and their implementation is not mandatory. **For example, for PC and mPC, they do not adequately cover the use of diagnostic tests.** Local guidelines by the AAOC exist and follow NCCN's and ESMO's guidelines.
- 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. **Evidence seems to suggest that there is no patient cost-sharing for oncological treatment**, including physician visits and hospitalization, in the social and private insurance schemes, but there may be copayments for diagnostic tests according to their level of complexity. **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 **population-wide screening programs** and MoH's involvement in **PC awareness-raising** seemed low from the evidence reviewed.
- No legislative framework emerged to guarantee **equitable and timely access to diagnosis after a positive screening result, initiation of treatment after diagnosis confirmation, or continuity of treatment**. Sometimes patients need to appeal to gain access to treatment.

Brazil

Policy Scorecards for Prostate Cancer *

Brazil

Total Scoring

33/48

Percentage

69

Overall country progress

Moderate !

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No
- 1 = Partially
- 2 = Yes

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place — 6/6 — ★100%

MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy [1-13,20,21]	✓ 2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy [14-17]	✓ 2
National cancer registry is in place with data on burden of disease on PC [18-19]	✓ 2

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 PC [22-24]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked [25-28]	! 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/update PC clinical practice guidelines [29,30]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines [31-35]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment [36-38]	! 1
PC guidelines are updated on a regular and planned basis [39-43]	✓ 2
Clinical guidelines become mandatory for the delivery of care [44-49]	! 1

4. Innovative technologies and medicines are promptly reimbursed — 5/10 — ×50%

Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines [50-52]	! 1
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach [53-56]	! 1
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient [57-62]	! 1
Innovative contracting models are implemented for innovative medicines for PC [63]	✗ 0
There is no patient cost-sharing for access to healthcare services for PC [64-67]	✓ 2

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 5/10 — ×50%

MoH actively executes PC awareness programs [68-70]	! 1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs) [71; 71b]	✗ 0
Legislative framework guarantees timely and equitable access to comprehensive diagnosis [72]	✓ 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	✗ 0
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided [73,74]	✓ 2

6. Timely and equitable access to treatment is guaranteed — 6/8 — ! 75%

Legislative framework exists to guarantee timely initiation of treatment [75]	✓ 2
Legislative framework ensures continuity of treatment once started [76]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage PC across the country [77-81]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment [82-84]	! 1

Brazil Key Findings

- Brazil has a **national PC control program**, as well as some other **initiatives aiming at expanding PC prevention and control**. Yet, these **lack specific goals and funds for their implementation**.
- **Variations in the quality and type of care received for PC** were identified in Brazil due to varying sources of financing and lack of a mandate for healthcare providers to follow the MoH's Diagnostic and Treatment Guidelines (DDTs). In fact, individual providers can choose to establish their own protocols.
- Screening/diagnostic tests are not fully in use in the public market as there is no targeted therapy available for public patients. Hospitals have limited resources and are not prioritizing molecular tests as they don't have the appropriate treatment to grant the patient. In that sense, there's no public diagnosis guideline that includes innovative testing.
- **In the public sector, diagnosis, medicines, and treatment for all types of cancer, including PC, 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 on 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 **PC/mPC** 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´s lack of transparency regarding the influence of each criterion on the final decisions.
- Although Brazil has a clear policy for oncology treatment through both public and private channels, more than ~77% of the population relies on the public healthcare system (SUS) and usually are treated with low-cost medicines, such as chemotherapy or hormonal therapy (and so, no access to innovative therapies).
- **The MoH's DDT for PC was last revised in 2016.** New guidelines are under development, but, based on past recommendations by CONITEC (National Committee for Technology Incorporation), it is uncertain whether and which new technologies will be included.
- The 2016 DDT for PC recommends a **cautious and individualized approach to the use of Prostate-Specific Antigen (PSA) as a screening tool**, calling out uncertainties regarding the benefit of early treatment and the unfavorable risk-benefit profile of many treatments.On its official web page, MoH states it "Does not recommend PC Screening".
- **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 found suggests that these laws' effective monitoring and evaluation processes are lacking. Although MoH has clear processes to monitor time to access, reimbursement processes are slow, taking an average of 7 years to get access to innovative treatments in the public system, from launch to reimbursement.

Chile

Policy Scorecards for Prostate Cancer *

Chile

Total Scoring

26/48

Percentage

36

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No ✗
- 1 = Partially !
- 2 = Yes ✓

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place — 4/6 — ! 67%

MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy[1-7]	! 1
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy[8]	✓ 2
National cancer registry is in place with data on burden of disease on PC[9,11,43]	! 1

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 PC[12,13]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[14,15,44]	! 1

3. Clinical practice guidelines are developed and updated — 7/10 — ! 70%

A commission/working group is established by the appropriate governing bodies/agencies to develop/update PC clinical practice guidelines[16]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines[17,45]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment[18,19,43,46]	! 1
PC guidelines are updated on a regular and planned basis[20,45]	! 1
Clinical guidelines become mandatory for the delivery of care[21,22]	! 1

4. Innovative technologies and medicines are promptly reimbursed — 3/10 — ×30%

Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines[23,24,43]	! 1
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach[25]	✗ 0
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient[26,45]	! 1
Innovative contracting models are implemented for innovative medicines for PC[27,28,47,48]	✗ 0
There is no patient cost-sharing for access to healthcare services for PC[29]	! 1

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 4/10 — ×40%

MoH actively executes PC awareness programs[30,31]	! 1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs)[32]	! 1
Legislative framework guarantees timely and equitable access to comprehensive diagnosis[33,43]	! 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[34-36,39,43]	✗ 0
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided[37,49,50]	! 1

6. Timely and equitable access to treatment is guaranteed — 5/8 — ! 63%

Legislative framework exists to guarantee timely initiation of treatment[38]	✓ 2
Legislative framework ensures continuity of treatment once started[39]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage PC across the country[40,41]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment[42,45]	✗ 0

Key Findings

- **The Chilean National Cancer Plan recognizes PC among its priorities**. There is a plan for a National Cancer Registry that continuously and systematically collects, stores, processes, and analyzes data on all cancer cases, including all stages of PC. **Yet, currently data recording is fragmentary and inconsistent and there is no timeframe for the implementation of the National Cancer Registry.**
- **The National Cancer Fund is a sustainable funding source for implementing policies to address cancer (in all stages)**. In addition, coverage of innovative medicines and treatments for PC is guaranteed through the Explicit Health Guarantees (*Garantías Explicitas en Salud*, GES) program, which recognized PC among its priorities. **However, there is no certainty that all best of care treatment options will be financed through GES, since even inclusion in the guidelines does not automatically ensure sustainable funding.**
- A process has been established for clinical guidelines development and update. However it hasn't been launched yet. **PC CPGs exist and address mPC.** However, despite being recent and rather comprehensive, **they are not updated to reflect the best treatment options available, serve only as reference and do not guarantee patient access free-of-cost.**
- Some outdated guidance for HTA is available on the MoH's website; however, no evidence supporting its implementation emerged. Additionally, **innovative contracting mechanisms do not comply with the applicable procurement framework**, and as a result, they have not been implemented thus far.
- **Diagnostics, screening, and treatments for PC are not fully reimbursed in Chile**. The system specifies copayments for the different insurance plans; yet there is evidence that these might be removed for public enrollees. Yet, no evidence was found of any ONGOING, RECENT discussion regarding the need to expand coverage for more innovative diagnostic techniques like, for example, molecular testing of homologous recombination repair (HRR) genes' mutations.
- Despite evidence supports local awareness programs for PC being conducted by the MoH, **no evidence was found of a systematic PC screening program for the whole population**.
- The GES framework sets a maximum time of **60 days for PC staging after diagnosis confirmation**, guarantees **initiation of treatment no more than 60 days after diagnosis** and **ensures continuity of treatment after initiation** (applicable to PC). **Yet, this does not cover treatments not included in the GES.**

Colombia

Policy Scorecards for Prostate Cancer *

Colombia

Total Scoring

36/48

Percentage

75

Overall country progress

Moderate !

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No
- 1 = Partially
- 2 = Yes

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place — 5/6 — ✓83%

MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy[1-3,9]	✓ 2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy[4-7]	! 1
National cancer registry is in place with data on burden of disease on PC[8]	✓ 2

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 PC[10-14]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[15-20]	! 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/update PC clinical practice guidelines[21-23]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines[24,25]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment[26-28]	✓ 2
PC guidelines are updated on a regular and planned basis[29,30]	! 1
Clinical guidelines become mandatory for the delivery of care[31-33]	! 1

4. Innovative technologies and medicines are promptly reimbursed — 8/10 — ✓80%

Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines[34-38]	✓ 2
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach[39]	✓ 2
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient[40-43]	✓ 2
Innovative contracting models are implemented for innovative medicines for PC[44]	✗ 0
There is no patient cost-sharing for access to healthcare services for PC[45-46]	✓ 2

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 7/10 — ! 70%

MoH actively executes PC awareness programs[47]	✓ 2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs)[48,49]	✓ 2
Legislative framework guarantees timely and equitable access to comprehensive diagnosis[50]	✗ 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[51]	! 1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided[52-56]	✓ 2

6. Timely and equitable access to treatment is guaranteed — 5/8 — ! 63%

Legislative framework exists to guarantee timely initiation of treatment[57]	✗ 0
Legislative framework ensures continuity of treatment once started[58]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage PC across the country[59,60]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment[61-65]	✓ 2

Colombia Key Findings

- **The National Cancer Plan recognizes PC as a priority** (the plan hasn't been updated by the new Government). Evaluation mechanisms are established to monitor the implementation of the plan; nonetheless, in Colombia, **Health Maintenance Organizations (HMOs) play a crucial part in advancing and executing cancer risk oversight. Metrics to gauge the effectiveness of HMOs are absent.** Similarly, **the national cancer registry**, a collaborative initiative between the National Institute of Cancerology and the regional cancer registries, **covers PC.**
- **Colombia has sustainable resources to fund programs and activities described in the Ten-year National Plan for the Control and Prevention of Cancer, including different stages of PC.** Healthcare expenditure has seen a substantial rise in the past year, going from 5.7% of GDP to 7.9% of GDP. Nevertheless, **there remains a necessity to streamline resources and allocate additional funds for the development of new technologies**. While the country boasts a universal coverage rate of 99%, it doesn't reflect access for every individual.
- Even though the National Institute of Oncology's disaggregated budget does not allocate specific amounts to cover innovative treatments, Colombia has sustainable funding sources for the coverage of innovative medicines and treatments. Indeed, **high-cost services for comprehensive cancer care are provided free of charge in both the contributive and subsidized regimens.**
- **PC CPGs exist** and adequately cover mPC. **Yet, they are outdated** and there is no mandate for healthcare professionals to abide by them. Evidence indicates that new CPGs are under development.
- **Diagnostics are fully reimbursed in Colombia, as well as the routine screening techniques for PC**, among the interventions excluded from copayment as part of the health promotion and disease prevention services.Out-of-pocket expenditure in Colombia is one of the lowest in the region.
- **Colombia has a multicriteria HTA process, applicable to innovative technologies, but we found no evidence of any innovative financing mechanisms for innovative treatments in the country.**
- The MoH actively executes **awareness programs for PC.**
- While it does not set specific timelines, **Law 1384 of 2010, Sandra Ceballos, provides a framework to promote comprehensive, continuous, and timely diagnosis and cancer care for the Colombian population.** However, there is no clarity on its implementation.

Costa Rica

Policy Scorecards for Prostate Cancer *

Costa Rica

Total Scoring

34/48

Percentage

71

Overall country progress

Moderate !

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No
- 1 = Partially
- 2 = Yes

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place — 5/6 — ✓83%

MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy [1-12,20]	✓ 2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy [13-17]	✓ 2
National cancer registry is in place with data on burden of disease on PC [18,19]	! 1

2. Health care budget allocated — 4/4 — ★100%

Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for PC [21]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked [22,23]	✓ 2

3. Clinical practice guidelines are developed and updated — 7/10 — ! 70%

A commission/working group is established by the appropriate governing bodies/agencies to develop/update PC clinical practice guidelines [24,25]	! 1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines [26,27]	! 1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment [28-30]	✓ 2
PC guidelines are updated on a regular and planned basis [31-33]	✓ 2
Clinical guidelines become mandatory for the delivery of care [34-36]	! 1

4. Innovative technologies and medicines are promptly reimbursed — 7/10 — ! 70%

Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines [37-39]	! 1
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach [40-42]	! 1
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient [43-46]	! 1
Innovative contracting models are implemented for innovative medicines for PC [47-49]	✓ 2
There is no patient cost-sharing for access to healthcare services for PC [50,51]	✓ 2

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 6/10 — ! 60%

MoH actively executes PC awareness programs [52]	! 1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs) [53,54]	✓ 2
Legislative framework guarantees timely and equitable access to comprehensive diagnosis [55,56]	✗ 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 [57]	! 1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided [58,59]	✓ 2

6. Timely and equitable access to treatment is guaranteed — 5/8 — ! 63%

Legislative framework exists to guarantee timely initiation of treatment [60,61]	✗ 0
Legislative framework ensures continuity of treatment once started [62,63]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage PC across the country [64,65]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment [66]	✓ 2

Key Findings

- **PC is prioritized in Costa Rica** according to the list of priority conditions recognized by the Costa Rican Social Security Fund and the provisions laid down in **Norm N° 43445-S which addresses early detection, diagnosis, treatment, and timely follow-up of PC and mPC**. Yet, the condition is mentioned, but not prioritized within the **National Strategy for a Comprehensive Approach to Noncommunicable Diseases and Obesity 2022-2030**. In addition, **as part of the platform SINAVISA**, a National Tumor Registry System recording incidence, prevalence, and stage for all types of cancers, **PC/mPC data are systematically recorded**. Yet, it seems that this is not regularly updated since plans for its digitalization have stalled due to lack of fundings.
- **Treatments are fully reimbursed in the country with PC treatments covered through the Law for the Solidarity Acquisition of Medicines with a High Financial Impact for the Social Security Fund (Caja Costarricense de Seguro Social, CCSS),** which covers high-cost drugs that currently constitute a challenge for the financial sustainability of the country's social security. It's important to highlight that most innovative drugs are acquired through legal mandates since funds coverage of basic treatment is prioritized and this leaves insufficient resources for more advanced treatment options. Yet, **screening is only partially reimbursed.**
- **PC CPGs focus on prevention, early detection, and the network approach to make more optimize resources** and improve care. They do not mention mPC. However, mPC is addressed by **Law N° 43445-S** which **sets the national standard for early detection, diagnosis, treatment, and timely follow-up PC**. **Yet, guidelines are not standardized and, though mandatory, adherence might vary across institutions.**
- **The country is in the process of developing a multicriteria HTA process**. **Yet, due to the role of payers in HTA and the high weight attributed to budget related consideration, value-based approaches are not currently considered.** There is evidence of the use of some innovative financing mechanisms for high-cost treatments in Costa Rica but not specifically for PC.
- **Awareness campaigns for PC are conducted in the country**. In addition, while evidence seems to support the provision of **basic** screening and diagnostic services, their actual utilization remains unclear.
- **Law N° 43445-S sets that men must perform a prostate antigen blood test and a physical examination annually starting at 40 years of age**. The norm does not state a maximum time to initiation of treatment after diagnosis.
- The **Manual of Standards for treating cancer** in Costa Rica and **Law N° 43445-S** constitute the framework that ensures **continuity of treatment in the country**.

Mexico

Policy Scorecards for Prostate Cancer *

Mexico

Total Scoring

23/48

Percentage

48

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

- 0 = No ✗
- 1 = Partially !
- 2 = Yes ✓

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

WiSE SCORECARD®

** Implementation not considered*

1. PC is prioritized and national programs/plans/policies are in place — 3/6 — ×50%

MoH acknowledges the priority of PC in the national cancer program/plan/strategy/policy and/or the need to establish a national PC policy[1-9]	! 1
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy[10-12]	! 1
National cancer registry is in place with data on burden of disease on PC[13-16]	! 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 PC[17-20]	! 1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked[21-23]	! 1

3. Clinical practice guidelines are developed and updated — 5/10 — ×50%

A commission/working group is established by the appropriate governing bodies/agencies to develop/update PC clinical practice guidelines[24-26]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating PC clinical guidelines[27,28]	! 1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment[29-31]	! 1
PC guidelines are updated on a regular and planned basis[32]	✗ 0
Clinical guidelines become mandatory for the delivery of care[33,34]	! 1

4. Innovative technologies and medicines are promptly reimbursed — 5/10 — ×50%

Screening and diagnostic tests are fully reimbursed according to PC clinical practice guidelines[35,36]	! 1
HTA framework is suitable to support an equitable assessment for PC treatments and complies with a timely multicriteria approach[37]	✓ 2
Treatments are fully reimbursed according to PC clinical practice guidelines (or national formulary) without OOP cost for patient[38-40]	! 1
Innovative contracting models are implemented for innovative medicines for PC[41,42]	✗ 0
There is no patient cost-sharing for access to healthcare services for PC[43-45]	! 1

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 5/10 — ×50%

MoH actively executes PC awareness programs[46,47]	✓ 2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs)[48-50]	! 1
Legislative framework guarantees timely and equitable access to comprehensive diagnosis[51]	✗ 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[52,53]	! 1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided[54,55]	! 1

6. Timely and equitable access to treatment is guaranteed — 3/8 — ×38%

Legislative framework exists to guarantee timely initiation of treatment[56]	✗ 0
Legislative framework ensures continuity of treatment once started[57,58]	! 1
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage PC across the country[59-62]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment[63-65]	! 1

Key Findings

- The **Comprehensive Cancer Prevention and Control Program** published in 2016 is still in force and recognizes the importance of PC. In addition, **Norm-048-SSA2-2017** also addresses awareness, prevention, detection, diagnosis, treatment, surveillance of PC/mPC. However, the program's focus and priority is on breast cancer. **Mexico has a national cancer registry, but there is no budget allocated for it**.
- The National Institute for Cancerology (INCan) receives annual funding from tax revenue and has its own revenue from its operations for the implementation of cancer programs and activities, OPUS, a Comprehensive Prostate Cancer Program implemented by INCAN. Annual budget depends on government changes, and it is very uncertain. In terms of coverage of treatments, Seguro Popular was replaced by the Health Institute for Welfare (INSABI) in 2020. INSABI absorbed the Fund for Catastrophic Expenses (FPGC). These changes have created uncertainty regarding coverage of the malignancies included in the earlier Fund for Catastrophic Diseases. While some innovative treatments were included in protocols and coverage under SP, there is no transparency as to whether they are applied now.
- CPGs for **Prevention and Early Detection of Prostate Cancer at the Primary Level** were published in 2012; standards **for PC diagnosis and treatment are also provided in the NOM-048-SSA2-2017**. NOMs are supposed to be updated at least every 5 years, but most are now obsolete. Guidelines are recommended but not compulsory. Also, the private sector uses the NCCN and international guidelines as a reference.
- **The OPUS Program**, implemented by the INCAN, allows for free enrollment and **offers several diagnostic tests and medicines free-of-charge**. In addition, **the Mexican Institute of Social Security (IMSS) provides initial medical evaluations for all men aged 45 to 74 years, and 40 to 44 years with a familial history of PC.**
- The **Comprehensive Cancer Prevention and Control Program** gives a legislative framework to **ensure treatment continuation after initiation**. Yet, we didn´t find legislative guarantees for **prompt diagnosis confirmation after a positive screening result**.

Final considerations

June 2023

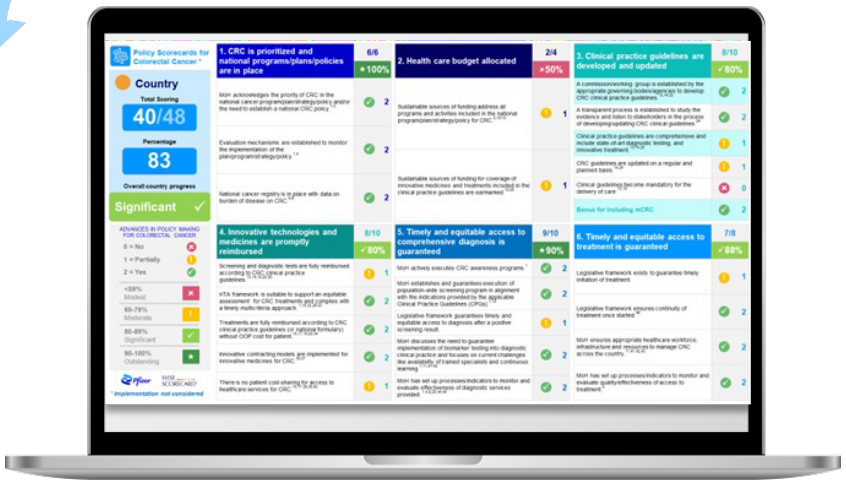
The Importance of Celebrating Progress

- 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 prostate cancer.

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.



Success redefines the problem

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June 2023

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Thank you

June 2023