Policy Scorecards©

The Policy Scorecards© have been developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer and the collaboration of the Global Colon Cancer Association.



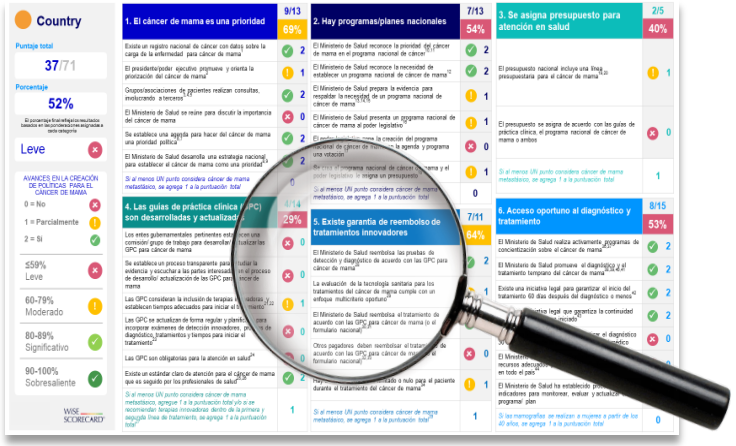
Colorectal Cancer

June 2023

POLICY WISDOM

Tool to Measure and Evaluate the Policy Landscape

Colorectal 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?

Colorectal Cancer

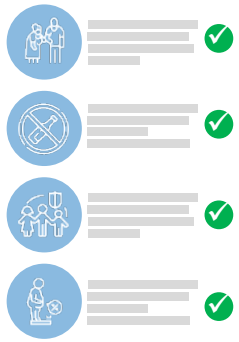
1

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



2

Define the desired state for each policy action area.



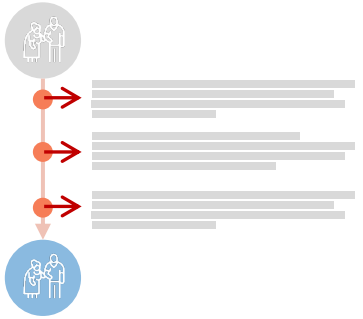
3

Validate the information with Global Colon Cancer Association- GCCA



4

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



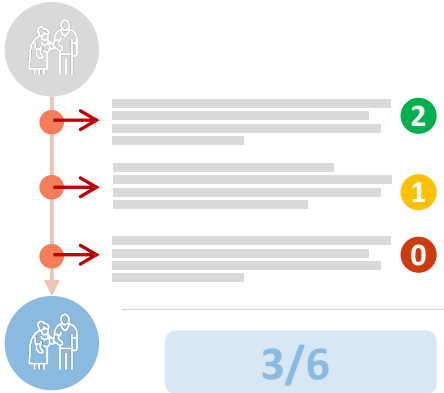
5

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



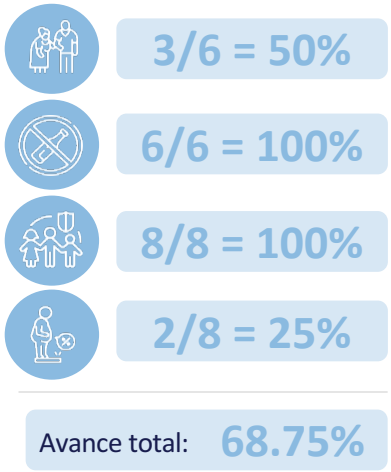
6

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



7

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



POLICY WISDOM

WiSE SCORECARD©

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.

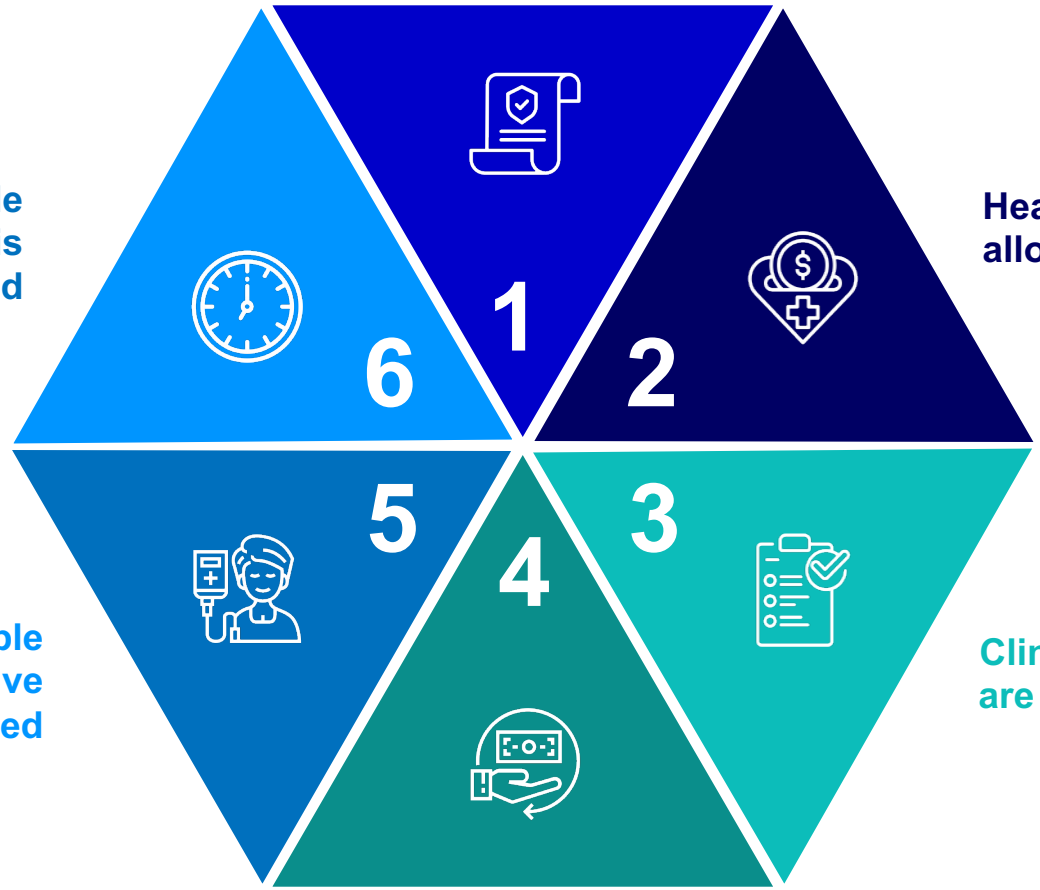
- The policy scorecards© are a live tool to capture policy change. **They change over time.**

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 colorectal cancer (CRC) benefit from sustainable and timely access to diagnosis and best possible treatment.

Policy Actions Areas



1. CRC is prioritized and national programs/plans/ policies are in place
2. Health care budget is allocated
3. Clinical practice guidelines are developed and updated
4. Innovative technologies are promptly reimbursed
5. Timely and equitable access to comprehensive diagnosis is guaranteed
6. Timely and equitable access to treatment is guaranteed

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Level of Progress in the Colorectal Cancer Policy Framework

LATAM MAIN FINDINGS

June 2023

Level of Progress in the Region by Policy Action Area

Colorectal Cancer

ACTION AREA IN PUBLIC POLICY	LEVEL OF PROGRESS
1. CRC is prioritized and national programs/plans/ policies are in place	78%
2. Healthcare budget is allocated	71%
6. Timely and equitable access to treatment is guaranteed	69%
3. Clinical practice guidelines are developed and updated	63%
4. Innovative technologies are promptly reimbursed	62%
5. Timely and equitable access to comprehensive diagnosis is guaranteed	58%

ADVANCES IN POLICY MAKING FOR PROSTATE CANCER

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

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CRC is prioritized and national programs/plans/ policies are in place

Colorectal Cancer





- Argentina, Brazil and Colombia have identified CRC as a priority condition in their national frameworks, yet there is a need for increased emphasis on CRC in Chile, Costa Rica, and Mexico.
- Out of the six countries, four (67%) have implemented evaluation mechanisms to monitor the execution of their CRC-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.

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

<59% Modest

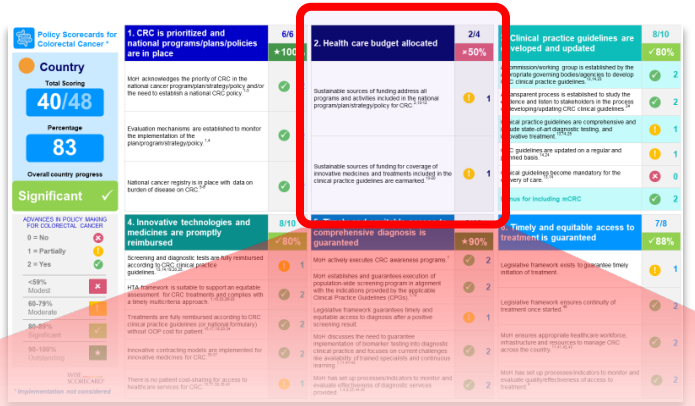
60-79% Moderate

80-89% Significant

90-100% Outstanding

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Healthcare budget is allocated



71%



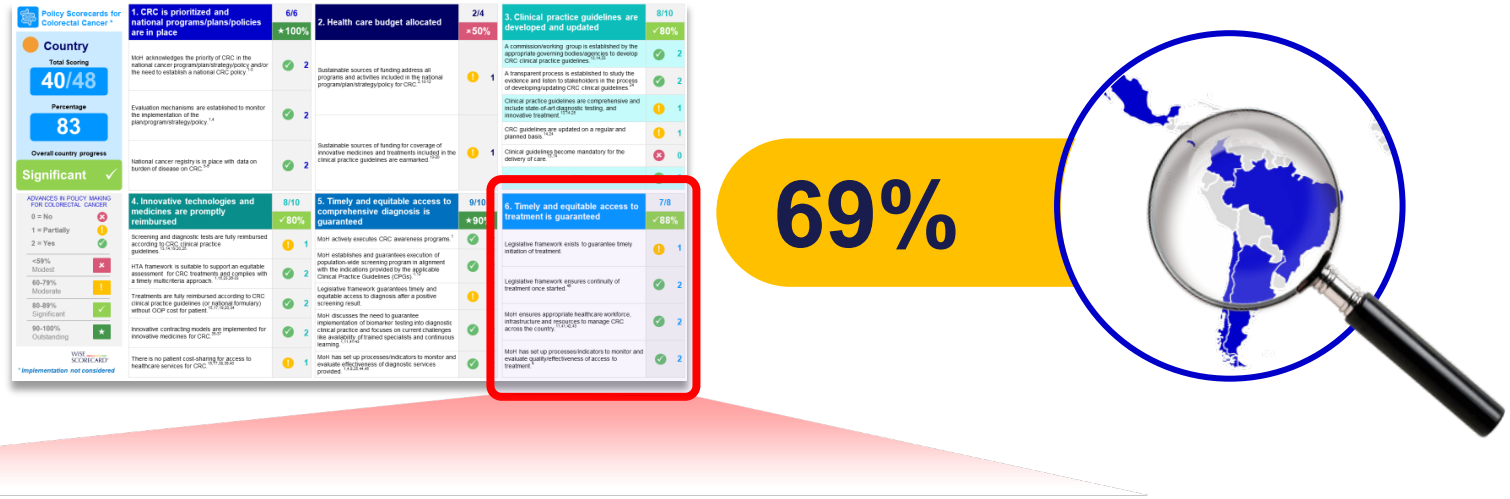
ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

- The majority of countries have provisions that clearly identify sources of funding to support the programs and activities outlined in their national frameworks that focus on CRC.
- In terms of funding sources identified to subsidize patient access to medicines, Costa Rica stands out for having effectively implemented flexible measures to ensure patient access even to unavailable medications through an open therapeutic formulary.

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Timely and equitable access to treatment is guaranteed



- The majority of countries have undertaken efforts to ensure the timely initiation of treatment for patients.
- 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 CRC.
- The majority of countries have established indicators or provided guidance for monitoring and evaluating the quality and effectiveness of access to CRC treatment services.

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

<59% Modest

60-79% Moderate

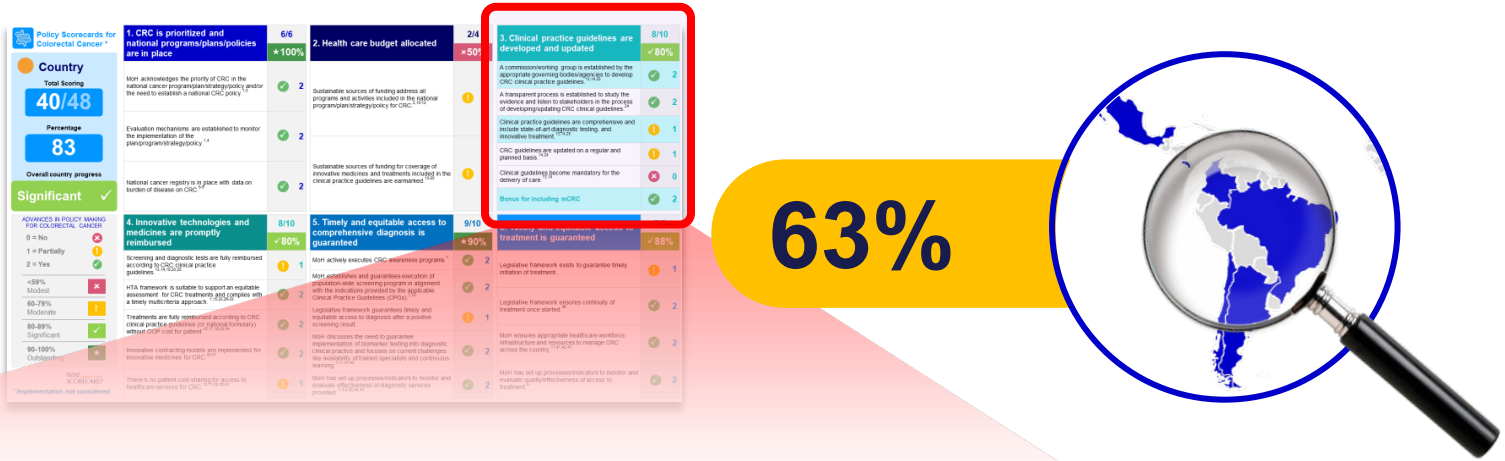
80-89% Significant

90-100% Outstanding

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Clinical practice guidelines are developed and updated

Colorectal Cancer



- Half of the countries have clearly defined accountable entities responsible for CPG development or established specialized panels for this purpose.
- The majority of countries have made efforts to offer some degree of transparency regarding the processes employed for CPG development. 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 CRC CPGs across the target countries. Colombia stands out for having comprehensive guidelines that acknowledge state-of-the-art diagnostic technologies and innovative treatments.
- Two-thirds of the countries lack mechanisms to ensure 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 COLORECTAL CANCER

<59% Modest

60-79% Moderate

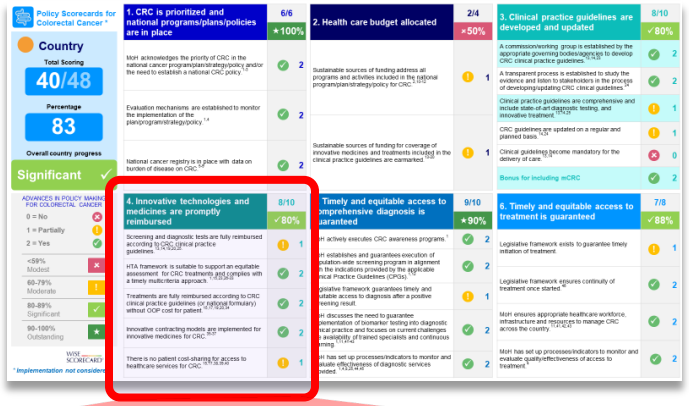
80-89% Significant

90-100% Outstanding

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Innovative technologies are promptly reimbursed

Colorectal Cancer





- 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.
- Advances in HTA frameworks suitable for promotion of patient access to the best available treatments for CRC are hampered in one third of the countries 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 CRC.

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

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Timely and equitable access to comprehensive diagnosis is guaranteed

Colorectal Cancer





- Efforts for raising awareness in Chile and Costa Rica remain limited.
- Screening initiatives have been implemented in all countries except for Mexico. However, these initiatives do not consistently utilize the most innovative screening technologies and often lack comprehensive coverage of the entire population.
- Among the countries, Brazil stands out for establishing 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, with Argentina standing out for some notable efforts in enhancing human resources training for diagnosis.
- Each country has established indicators or offered guidance to enhance the effectiveness of the CRC diagnostic services provided.

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

<59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

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LATAM Analysis

June 2023

Total Score per Country*

Colorectal Cancer

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

Country	Score
Argentina	81%
Colombia	79%
Brazil	72%
Costa Rica	58%
Chile	56%
Mexico	44%



Score by Policy Action Area

1. National program/ plan/ policies in place	Score
Argentina	100%
Brazil	100%
Colombia	83%
Chile	67%
Costa Rica	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
Colombia	90%
Brazil	80%
Argentina	70%
Chile	70%
Mexico	40%
Costa Rica	30%



ADVANCES IN POLICY MAKING FOR COLORECTAL 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%
Mexico	50%
Chile	40%



5. Timely and equitable access to comprehensive diagnosis is guaranteed	Score
Argentina	90%
Brazil	70%
Colombia	60%
Costa Rica	50%
Chile	40%
Mexico	40%



6. Timely and equitable access to treatment is guaranteed	Score
Argentina	88%
Colombia	88%
Brazil	75%
Chile	63%
Costa Rica	63%
Mexico	38%



ADVANCES IN POLICY MAKING FOR COLORECTAL 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 Colorectal Cancer *

Argentina

Total Scoring

39/48

Percentage

81

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

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.[1-3]	✓	2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.[1,4]	✓	2
National cancer registry is in place with data on burden of disease on CRC.[5-9]	✓	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.[2,10-12]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[13-20]	!	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 CRC clinical practice guidelines.[13,14,23]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.[24]	✓	2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.[13,14,25]	!	1
CRC guidelines are updated on a regular and planned basis.[14,24]	!	1
Clinical guidelines become mandatory for the delivery of care.[13,14]	✗	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.[13,14,19,20,25]	!	1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[1,15,23,26-33]	!	1
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[15,17,19,20,34]	✓	2
Innovative contracting models are implemented for innovative medicines for CRC.[35-37]	✓	2
There is no patient cost-sharing for access to healthcare services for CRC.[15,17,38,39,40]	✓	2

5. Timely and equitable access to comprehensive diagnosis is guaranteed — 9/10 — ★90%

MoH actively executes CRC awareness programs.[1]	✓	2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[1,12]	✓	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.[1,11,41-43]	✓	2
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.[1,4,8,25,44,45]	✓	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.[46]	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[11,41,42,43]	✓	2
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[4]	✓	2

Argentina Key Findings

- **The National Cancer Control Plan 2018-2022 (NCCP) developed by the MoH includes details of the National Program for the Prevention and Early Detection of CRC (PNCRC)**. Yet, it lacks sustainable financial allocations for its implementation.
- **The Institutional Tumor Registry of Argentina (RITA) covers CRC**. In addition, measures and indicators are developed and disseminated to evaluate the quality of CRC services. 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 fragmented and segmented**; no single benefit package covers the entire population. **Medicines for CRC are provided free of charge in the public, social security and private sector,** if they are included in the PMO (Mandatory Medical Program), national oncological protocols, and clinical practice guidelines, as well as those listed in the reimbursement system for high-cost. The PMO is a basic basket of mandatory benefits that every health maintenance organization (HMO) must cover in its plans.
- MoH's CPGs, though developed through an evidence-based and participatory process, are often not comprehensive and their implementation is not mandatory. For treatment of CRC, CPGs do not focus on the use of diagnostic tests. **The last update of the NCI guideline on mCRC 'Colon cancer: high-cost therapy in advanced colorectal cancer' is from 2017;** the next revision was expected 2 years later.
- 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. I**n 2023, the NCI provided tests for early diagnosis of colon cancer in some provinces;** we didn´t find evidence that this tests include biomarker testing.
- 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.
- **The PNCRC proposes population-wide screening programs and the control and follow-up of high-risk groups;** the most appropriate strategy outlined is a free annual Fecal Occult Blood Immunochemical Test for people of both sexes between 50 and 75 years, complemented by a colonoscopy in case of a positive results. The uptake and coverage of the program are not complete across all provinces.

Brazil



Policy Scorecards for Colorectal Cancer *

Brazil

Total Scoring

35/48

Percentage

72

Overall country progress

Moderate !

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

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

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.[1-10]	✓ 2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.[1,7,11,12]	✓ 2
National cancer registry is in place with data on burden of disease on CRC.[13]	✓ 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 CRC.[1,14,15]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[16-19]	! 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.[20,21]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.[20-24]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.[23,25,26]	! 1
CRC guidelines are updated on a regular and planned basis.[27-30]	✓ 2
Clinical guidelines become mandatory for the delivery of care.[23,24,31-34]	! 1

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

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.[20,23,35,36]	! 1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[23,24,37,38]	! 1
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[23,24,31,39]	! 1
Innovative contracting models are implemented for innovative medicines for CRC.[40]	× 0
There is no patient cost-sharing for access to healthcare services for CRC.[41,42,43,44]	✓ 2

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

MoH actively executes CRC awareness programs.[45,46]	✓ 2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[23,47,48]	! 1
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.[49]	✓ 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.[50,51]	✓ 2

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

Legislative framework exists to guarantee timely initiation of treatment.[52]	✓ 2
Legislative framework ensures continuity of treatment once started.[52]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[17,31,53-55]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[56,57,58]	! 1

Key Findings

- There are **laws and bills seeking to guarantee more comprehensive coverage of CRC screening and the implementation of a national CRC program**. Yet, these **lack specific goals and funds for their implementation**.
- **Variations in the quality and type of care received for CRC have been identified in Brazil** due to varying sources of financing and lack of a mandate for healthcare providers to follow the MoH's diagnostic and therapeutic guidelines (DDT). In fact, individual providers can choose to establish their own diagnostic and treatment protocols. **The MoH's DDT for CRC is dated 2014.** New guidelines are under development.
- 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 CRC, 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.
- 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).
- **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.
- We didn´t find evidence suggesting the use of innovative contracting models for innovative medicines. The first pilot project for a Risk Sharing Agreement (RSA) in Brazil was designed in 2019, but no further information on the status of this pilot was found.
- **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 Colorectal Cancer *

Chile

Total Scoring

27/48

Percentage

56

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

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

WiSE SCORECARD®

** Implementation not considered*

1. CRC is prioritized and national programs/plans/policies are in place	4/6 ! 67%
MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.[1-6, 8]	! 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 CRC[6,8]	! 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 CRC [9,10]	✓ 2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[2,12,13,41]	! 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 CRC clinical practice guidelines.[14]	✓ 2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.[15,16,40,42]	✓ 2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.[17,18,40,42]	! 1
CRC guidelines are updated on a regular and planned basis.[16,19,20,40,42]	! 1
Clinical guidelines become mandatory for the delivery of care.[21]	! 1

4. Innovative technologies and medicines are promptly reimbursed	4/10 ✗ 40%
Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.[22]	! 1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[23,24]	! 1
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[2,22,42]	! 1
Innovative contracting models are implemented for innovative medicines for CRC.[25,43,44]	✗ 0
There is no patient cost-sharing for access to healthcare services for CRC.[26,27,28]	! 1

5. Timely and equitable access to comprehensive diagnosis is guaranteed	4/10 ✗ 40%
MoH actively executes CRC awareness programs.[29-32]	! 1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[1,5,33,40]	! 1
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.[33,40]	! 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.[8, 33,40]	✗ 0
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.[34,35,36,45,46]	! 1

6. Timely and equitable access to treatment is guaranteed	5/8 ! 63%
Legislative framework exists to guarantee timely initiation of treatment.[33]	✓ 2
Legislative framework ensures continuity of treatment once started.[33]	✓ 2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[37,38]	! 1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[39,42]	✗ 0

Key Findings

- **The Chilean National Cancer Plan recognizes CRC 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 CRC. **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 CRC is guaranteed through the Explicit Health Guarantees (*Garantías Explicitas en Salud*, GES) program, which recognized CRC 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. **CRC CPGs exist and address mCRC.** 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 CRC are not fully reimbursed in Chile**. The system specifies copayment for the different insurance plans. There is no evidence of systematic screening program for the whole population and biomarker testing is not part of screening/diagnosis. In addition, 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.
- **There is evidence of local awareness programs for CRC conducted by the MoH. Yet, recent campaigns do not focus on CRC.** There have been some initiatives for CRC screening: The National Cancer Strategy 2016 stated that a colon cancer screening model was being developed in the public system, but no evidence of it being implemented was found.
- The GES framework sets the **maximum time for CRC diagnosis confirmation after a positive screening result of 45 days**, **guarantees initiation of treatment no more than 60 days after diagnosis** and **ensures continuity of treatment after initiation** (applicable to CRC). **Yet, this does not cover treatments not included in the GES.**

Colombia



Policy Scorecards for Colorectal Cancer *

Colombia

Total Scoring

38/48

Percentage

79

Overall country progress

Moderate !

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

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

WiSE SCORECARD®

** Implementation not considered*

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

MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.[1-4, 7]	✓	2
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.[3,4,5]	!	1
National cancer registry is in place with data on burden of disease on CRC.[6]	✓	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 CRC.[1,8-11]	✓	2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[10-16]	!	1

3. Clinical practice guidelines are developed and updated — 9/10 — ★90%

A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines.[12-14]	✓	2
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.[12]	✓	2
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.[12-14]	✓	2
CRC guidelines are updated on a regular and planned basis.[12]	✓	2
Clinical guidelines become mandatory for the delivery of care.[12-14]	!	1

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

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.[12-14,17,18]	✓	2
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[19]	✓	2
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[12-14,18]	✓	2
Innovative contracting models are implemented for innovative medicines for CRC.[20]	✗	0
There is no patient cost-sharing for access to healthcare services for CRC.[17,18]	✓	2

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

MoH actively executes CRC awareness programs.[21]	✓	2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[22]	!	1
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.[12,23]	✗	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.[24]	!	1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.[1,3,4,5,24]	✓	2

6. Timely and equitable access to treatment is guaranteed — 7/8 — ✓88%

Legislative framework exists to guarantee timely initiation of treatment.[12]	✓	2
Legislative framework ensures continuity of treatment once started.[22]	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[1, 22]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[1,3,4,5,24]	✓	2

Colombia Key Findings

- **The National Cancer Plan recognizes CRC 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 CRC.**

- **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 CRC.** 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.**

- **Diagnostics are fully reimbursed in Colombia, as well as the two basic screening techniques for CRC** (colonoscopy and blood in stool), 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 CRC.**

- 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 Colorectal Cancer *

Costa Rica

Total Scoring

28/48

Percentage

58

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

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

WiSE SCORECARD®

** Implementation not considered*

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

MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.[1-7]	!	1
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.[1,3-5]	✓	2
National cancer registry is in place with data on burden of disease on CRC.[8,9]	!	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 CRC.[1,10]	✓	2
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[11,12]	✓	2

3. Clinical practice guidelines are developed and updated — 3/10 — × 30%

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

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

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.[1,6,7,13]	!	1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[14-16]	!	1
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[1,13,17]	!	1
Innovative contracting models are implemented for innovative medicines for CRC.[18-20]	✓	2
There is no patient cost-sharing for access to healthcare services for CRC.[1,17]	✓	2

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

MoH actively executes CRC awareness programs.[21]	!	1
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[6,7]	!	1
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.[13]	✗	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.[22]	!	1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.[1,3]	✓	2

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

Legislative framework exists to guarantee timely initiation of treatment.[13]	✗	0
Legislative framework ensures continuity of treatment once started.[1]	✓	2
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[1,23]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[1]	✓	2

Costa Rica Key Findings

- **The National Plan for the Control and Prevention of Cancer does not prioritize CRC** for not being one of the five types of cancer with the highest epidemiological incidence or frequency in the Costa Rican population.
- **The platform SINAVISA, a National Tumor Registry System records incidence, prevalence, and stage for all types of cancers.** Yet, it seems that this is not regularly updated since plans for its digitalization have stalled due to lack of fundings.
- **CRC treatments are 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. Yet, innovative drugs are often acquired through legal mandates since funds coverage of basic treatment is prioritized and this leaves insufficient resources for more advanced treatment options.
- **We did not find CPGs for managing CRC** in Costa Rica. A manual of standards for treating cancer that provides guidance for healthcare professionals regarding cancer treatment, **yet, multiple guidelines are drafted by public and private actors, following non-transparent processes and updates do not seem to occur at regular intervals.**
- **A nationally-organized CRC screening program exists in Costa Rica**, screening cost is provided through a public-private alliance. Yet, screenings mainly conducted through fecal stool and no evidence supported the use of biomarker testing for CRC/mCRC screening or diagnosis.
- **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 CRC.
- **Awareness campaigns for CRC are conducted in the country** but publicly available evidence of such initiatives seems limited, and as a result, there is uncertainty about the consistency and scope of these efforts.
- **We found no legislative frameworks to guarantee a maximum time from screening to diagnosis confirmation, or treatment initiation after diagnosis**. A Legislative initiative is associated with ensuring treatment continuity framed on the Institutional Plan for Cancer Care.

Mexico



Policy Scorecards for Colorectal Cancer *

Mexico

Total Scoring

21/48

Percentage

44

Overall country progress

Modest ✗

ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

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

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

WiSE SCORECARD®

** Implementation not considered*

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

MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.[1-5]	!	1
Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.[1]	!	1
National cancer registry is in place with data on burden of disease on CRC.[6-8]	!	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 CRC.[9-11]	!	1
Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.[1,12,13]	!	1

3. Clinical practice guidelines are developed and updated — 4/10 — ×40%

A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines.[14]	!	1
A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.[14]	!	1
Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.[14,15]	!	1
CRC guidelines are updated on a regular and planned basis.[16]	✗	0
Clinical guidelines become mandatory for the delivery of care.[17]	!	1

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

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.[18]	!	1
HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.[19]	✓	2
Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.[20]	!	1
Innovative contracting models are implemented for innovative medicines for CRC.[21,22]	✗	0
There is no patient cost-sharing for access to healthcare services for CRC.[23,24]	!	1

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

MoH actively executes CRC awareness programs.[26-28]	✓	2
MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).[16,26]	✗	0
Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.[26]	✗	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.[28]	!	1
MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.[1,29]	!	1

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

Legislative framework exists to guarantee timely initiation of treatment.[15]	✗	0
Legislative framework ensures continuity of treatment once started.[1]	!	1
MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.[1,30,31]	!	1
MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.[1]	!	1

Key Findings

- The **Comprehensive Cancer Prevention and Control Program published in 2016 is still in force and recognizes the importance of CRC**, including several lines of action at the normative, community, and healthcare levels, as well as indicators to tackle the issue. 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.**
- **No specific information about funding sources for CRC was found**; however, the Comprehensive Cancer Prevention and Control Program in general, which is implemented by the National Institute for Cancerology (INCAN), receives annual funding from tax revenue and has its own revenue from its operations. 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). Yet, **no definitive evidence was found about specific treatments covered by INSABI**.
- **Clinical practice guidelines for CRC were published in 2009 by the Secretary of Health**. Also, Mexico has the Oncoguias that will be updated during Q3 2023. More updated protocols were developed under SP. However, their application is uncertain given the institutional changes to INSAB and IMSS Bienestar. Individual payer protocols and guidelines are developed with minor opportunities for stakeholder contribution. Besides, GPC are not completely updated with innovative treatments and molecular testing.
- There are currently no screening programs in place, and **patients typically seek medical attention during the later stages of their condition.**
- **The country's HTA is based on multicriteria benefit evaluation**. Mexico has used some risk-sharing/managed access agreements; however, we didn´t find evidence of these mechanisms being used for procurement of treatments for CRC or any specific disease.
- **The MoH conducts awareness campaigns for CRC**, including an INCAN campaign on early detection of CRC.
- The Comprehensive Cancer Prevention and Control Program provides a framework to **ensure treatment continuation after initiation.** Yet, we didn´t find legal guarantees for prompt **diagnosis confirmation after a positive screening result**.

Final considerations

June 2023

The Importance of Celebrating Progress

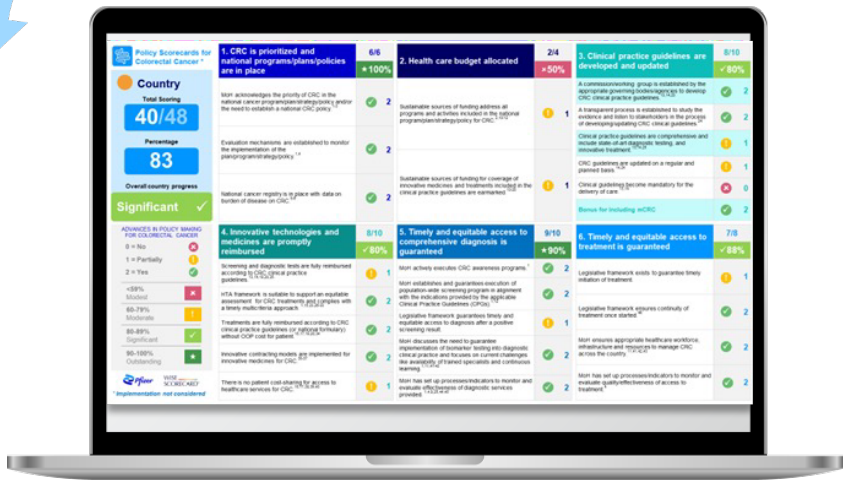
- All countries have implemented at least some provisions aimed at ensuring continuity of care for patients.
- All countries have taken some steps to improve the capacity, infrastructure, or equipment of health systems, although these efforts are not always directed exclusively at colorectal cancer.



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.

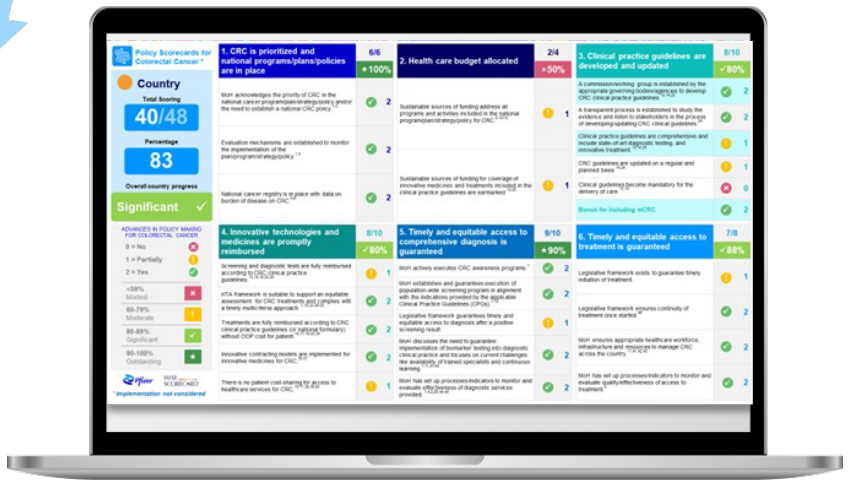


Success redefines the problem

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



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