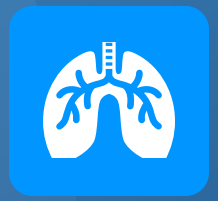
Public Policy Scorecards©

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



Lung Cancer

August 2024

POLICY WISDOM

Pfizer

Tool to Measure and Evaluate the Policy Landscape



The **WiSE Scorecard©** or **Policy Scorecard©**, is a tool that supports policy decision-making in public 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.

- Understand 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?

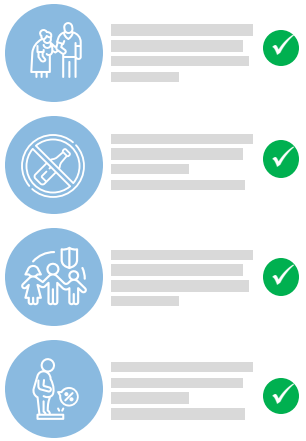
1

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



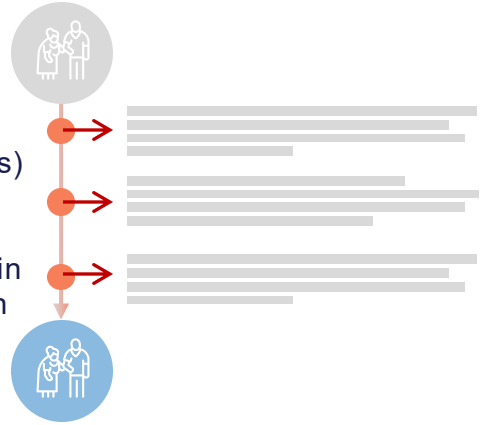
2

Define the desired state for each policy action area.



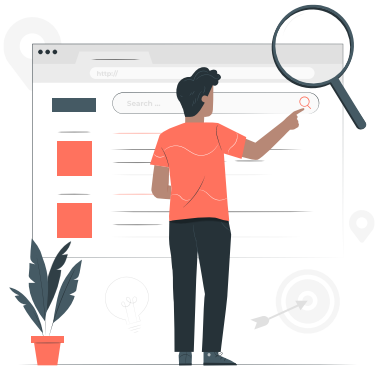
3

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



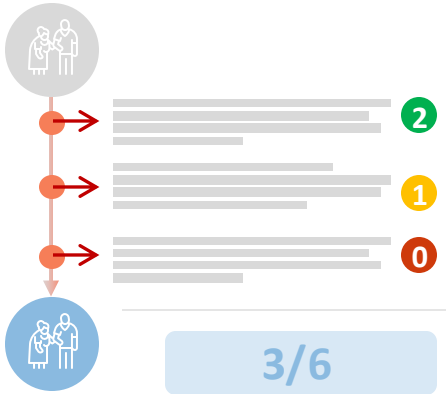
4

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



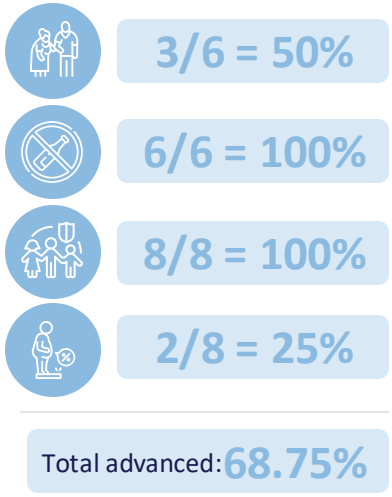
5

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.



POLICY WISDOM

WiSE SCORECARD©

Use of Policy Scorecards© with External Audiences



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



Provide valuable information to guide conversations and achieve effective communication with decision makers.



Decision Makers



Policy influencers



Public 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.**

POLICY WISDOM

WISE SCORECARD©

Desired Policy State

Patients with lung cancer benefit from sustainable and timely access to diagnosis and best possible treatment.

Policy Action Areas

There are epidemiological indicators comparable to the reference ones.

Timely and equitable access to diagnosis and treatment is guaranteed.



Clinical practice guides are prepared and updated.

Innovative technologies are reimbursed in a timely manner.

There are programs/plans/policies with an assigned health budget.

Level of Progress in the Public Policy Framework for Lung Cancer

MAIN FINDINGS

August 2024

The Policy Scorecards© were developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer.
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Total Score by Country

Lung Cancer

ADVANCES IN POLICY MAKING FOR LUNG CANCER

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

Country	Score
Colombia	50.9%
Argentina	40.6%
México	36.8%
Brasil	32.5%



POLICY WISDOM

* Total score by country based on publicly available data collected during June 2024 and analyzed using the criteria included in the Wise ScoreCard©.

WiSE SCORECARD©

Total Score by Policy Action Area

1. There are epidemiological indicators comparable to the reference ones	Score
Brazil	33.3%
Colombia	33.3%
Argentina	16.7%
Mexico	16.7%

2. Clinical practice guides are prepared and updated	Score
Argentina	100%
Brazil	50%
Mexico	37.5%
Colombia	25%

3. There are programs/plans/policies with an assigned health budget	Score
Colombia	70%
Mexico	40%
Argentina	20%
Brazil	0%







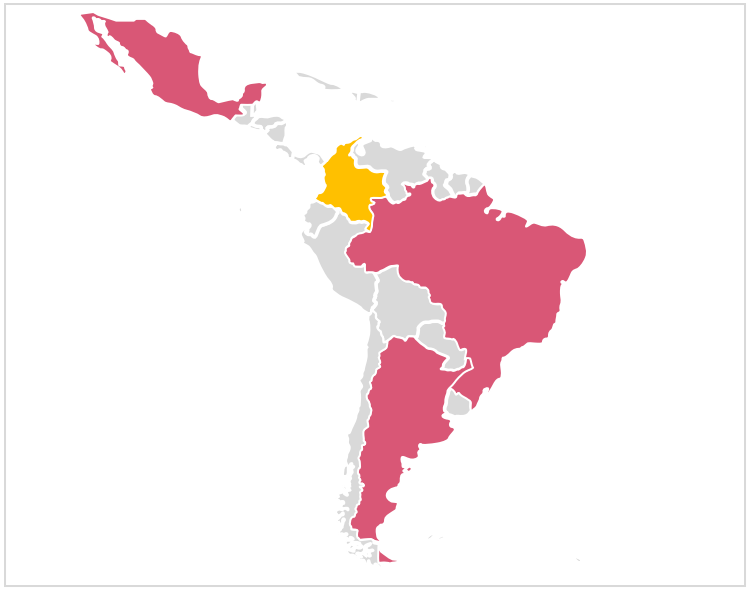
ADVANCES IN POLICY MAKING FOR LUNG CANCER

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

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Total Score by Policy Action Area

4. Innovative technologies are reimbursed in a timely manner	Score
Colombia	60%
Brazil	50%
Argentina	50%
Mexico	40%



5. Timely and equitable access to diagnosis and treatment is guaranteed	Score
Colombia	66.6%
Mexico	50%
Brazil	41.7%
Argentina	16.7%



ADVANCES IN POLICY MAKING FOR LUNG CANCER

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

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Public Policy Scorecards© by Country
Latin America

August 2024

Argentina



Argentina

Average Progress

40.6%

Overall country progress

Modest ✗

PROGRESS IN THE DEVELOPMENT OF PUBLIC POLICIES

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

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

Pfizer WiSE SCORECARD®

**Implementation is not considered*

1. There are epidemiological indicators comparable to those of reference — 1/6 — 16.7%

1. Recent epidemiological data exist, and they are publicly available.[1]	! 1
2. The percentage of patients with LC who die within 5 years of diagnosis is equal to or lower than the international reference (USA), where the best treatment options are available.[2,3]	✗ 0
3. The percentage of patients with LC diagnosed at an advanced stage is equal to or lower than the international reference (USA).[1,2]	✗ 0

2. Clinical practice guidelines are developed and updated — 8/8 — 100%

1. Competent government entities/agencies establish a commission/working group to develop CPG for LC.[4,5]	✓ 2
2. A transparent process is established to study the evidence and link key actors in the process of developing/updating CPGs for LC.[4,5,6]	✓ 2
3. CPGs are comprehensive and include state-of-the-art diagnostic tests and innovative treatments.[4,5]	✓ 2
4. CPGs for LC are updated on a regular and planned basis.[4,5,7]	✓ 2

3. There are programs/plans/policies with an assigned health budget — 2/10 — 20%

1. The Ministry of Health recognizes the priority of PC in national cancer policies and evaluation mechanisms are established to monitor its implementation.[8]	✗ 0
2. There is a national cancer registry with data on the burden of disease for LC.[9,10]	! 1
3. The Ministry of Health actively promotes lung cancer destigmatization programs/campaigns.	✗ 0
4. Sustainable funding sources exist for all programs and activities included in national LC policies.	✗ 0
5. There are sustainable sources of funding for coverage of innovative medicines and treatments included in CPGs.[7,11,12,13,14]	! 1

4. Innovative technologies are reimbursed in a timely manner — 5/10 — 50%

1. Screening and diagnostic tests are fully reimbursed according to CPGs for LC.[7,16]	! 1
2. The HTA framework is adequate to support an equitable evaluation of LC treatments and complies with a multi-criteria approach.[17,18,19,20,21]	! 1
3. Treatments are fully reimbursed according to the CPGs for LC (or the national formulary) at no OOP cost to the patient.[5,7,11,13,14,25]	! 1
4. Innovative contracting models are implemented for innovative LC medicines.[23,24]	✗ 0
5. There is no patient cost-sharing to access healthcare services for LC.[22]	✓ 2

5. Timely and equitable access to diagnosis and treatment is guaranteed — 2/12 — 16.7%

1. The Ministry of Health actively implements awareness programs on LC.[26]	✗ 0
2. The Ministry of Health establishes and ensures the implementation of screening programs for high-risk populations.[27]	✗ 0
3. The Ministry of Health guarantees biomarker testing in clinical diagnostic practice and focuses on current challenges such as the availability of trained specialists and continuous training.[28]	! 1
4. The legislative framework guarantees timely and equitable access to diagnosis after a positive screening and continuity of treatment once started.[29]	! 1
5. The Ministry of Health ensures the health personnel, infrastructure, and resources needed to treat LC throughout the country.[8]	✗ 0
6. The Ministry of Health has established processes/indicators to monitor and evaluate the quality/effectiveness of access to diagnosis and treatment.	✗ 0

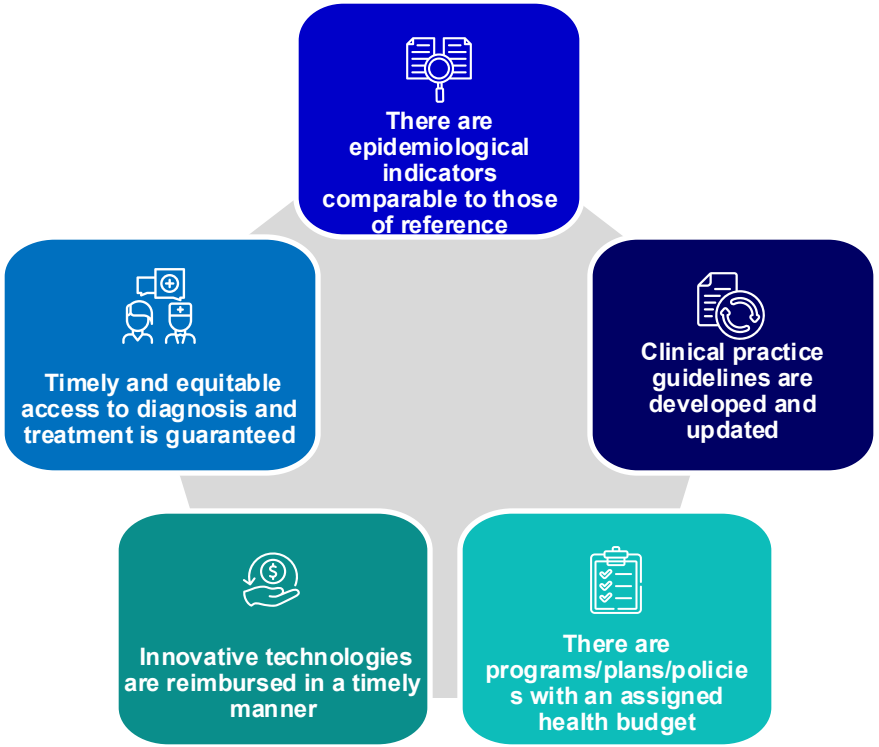
Argentina Main Findings

Main Findings in the Area

- ✓ Argentina's Institutional Tumor Registry provides detailed data on lung cancer incidence and access to treatment.
- ✗ In Argentina, almost 90% of lung cancer patients die within five years of diagnosis, indicating a serious survival problem.

Main Findings in the Area

- ✓ The Ministry of Health has a program to promote the training of specialists, which addresses the problems of the availability of cancer specialists through annual cancer training grants.
- ✗ There is no legislative framework or guaranteed screening for lung cancer that ensures equitable access to timely diagnosis and treatment.



Main Findings in the Area

- ✓ The AAOC guidelines for lung cancer are updated regularly, every three months if necessary, and are the most relevant local guidelines aligned with INC teams.

Main Findings in the Area

- ✓ In Argentina, there is no cost-sharing for cancer services, including lung cancer, in the public, social or private sectors.
- ✗ Not all drugs included in lung cancer CPGs are fully reimbursed in the public system, and coverage by social insurance agents and private insurance agents is inconsistent.

Main Findings in the Area

- ✓ Argentina has national budget allocations for programs that cover high-cost cancer drugs in several subsystems, providing some financial support for lung cancer treatment.
- ✗ The most recent National Cancer Control Plan (2018-2022) does not prioritize lung cancer and lacks comprehensive evaluation mechanisms for its implementation, which impacts support for lung cancer care.

Recommendations

The Public Policy Scorecard© indicates that Argentina is in the early phases of developing policies to improve access to treatment and optimal medication for patients with lung cancer.

Epidemiological data reveal a significant burden of morbidity and mortality, and policies are needed to promote earlier diagnosis and optimal treatment.

To resolve the gaps, efforts must focus on:

- Ensure screening programs for high-risk populations.
- Establish a legislative framework that supports the timely initiation and continuity of treatment.
- Guarantee full reimbursement for screening and diagnostic tests.
- Support the updating of the National Cancer Plan, to include the prioritization of cancers with the highest morbidity, such as lung cancer, the evaluation mechanisms for its application and patient access to new health technologies and treatments.

Brazil



Brazil

Average Progress

35%

Overall country progress

Modesto

PROGRESS IN THE DEVELOPMENT OF PUBLIC POLICIES

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

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

**Implementation is not considered*

1. There are epidemiological indicators comparable to those of reference — 2/6 — 33.3%

1. Recent epidemiological data exist, and they are publicly available.[1,2]	1
2. The percentage of patients with LC who die within 5 years of diagnosis is equal to or lower than the international reference (USA), where the best treatment options are available.[3,4]	0
3. The percentage of patients with LC diagnosed at an advanced stage is equal to or lower than the international reference (USA).[3,5]	1

2. Clinical practice guidelines are developed and updated — 4/8 — 50%

1. Competent government entities/agencies establish a commission/working group to develop CPG for LC.[6,7,8,9,10,11]	1
2. A transparent process is established to study the evidence and link key actors in the process of developing/updating CPGs for LC.[6,9,10,11]	1
3. CPGs are comprehensive and include state-of-the-art diagnostic tests and innovative treatments.[6,9,10,11]	1
4. CPGs for LC are updated on a regular and planned basis.[6,7,12]	1

3. There are programs/plans/policies with an assigned health budget — 0/10 — 0%

1. The Ministry of Health recognizes the priority of PC in national cancer policies and evaluation mechanisms are established to monitor its implementation.[13]	0
2. There is a national cancer registry with data on the burden of disease for LC.[14,15]	0
3. The Ministry of Health actively promotes lung cancer destigmatization programs/campaigns.	0
4. Sustainable funding sources exist for all programs and activities included in national LC policies.	0
5. There are sustainable sources of funding for coverage of innovative medicines and treatments included in CPGs.[16,17,18,19,20]	0

4. Innovative technologies are reimbursed in a timely manner — 5/10 — 50%

1. Screening and diagnostic tests are fully reimbursed according to CPGs for LC.[21,22,23]	1
2. The HTA framework is adequate to support an equitable evaluation of LC treatments and complies with a multi-criteria approach.[24]	1
3. Treatments are fully reimbursed according to the CPGs for LC (or the national formulary) at no OOP cost to the patient.[25,26]	1
4. Innovative contracting models are implemented for innovative LC medicines.	0
5. There is no patient cost-sharing to access healthcare services for LC.[25]	2

5. Timely and equitable access to diagnosis and treatment is guaranteed — 5/12 — 41.7%

1. The Ministry of Health actively implements awareness programs on LC.[16,27,28]	0
2. The Ministry of Health establishes and ensures the implementation of screening programs for high-risk populations.[4,30,31]	0
3. The Ministry of Health guarantees biomarker testing in clinical diagnostic practice and focuses on current challenges such as the availability of trained specialists and continuous training.[21,32]	1
4. The legislative framework guarantees timely and equitable access to diagnosis after a positive screening and continuity of treatment once started.[25]	2
5. The Ministry of Health ensures the health personnel, infrastructure, and resources needed to treat LC throughout the country.[13,33,34,35]	1
6. The Ministry of Health has established processes/indicators to monitor and evaluate the quality/effectiveness of access to diagnosis and treatment.[36]	1

Brazil

Main Findings

Main Findings in the Area

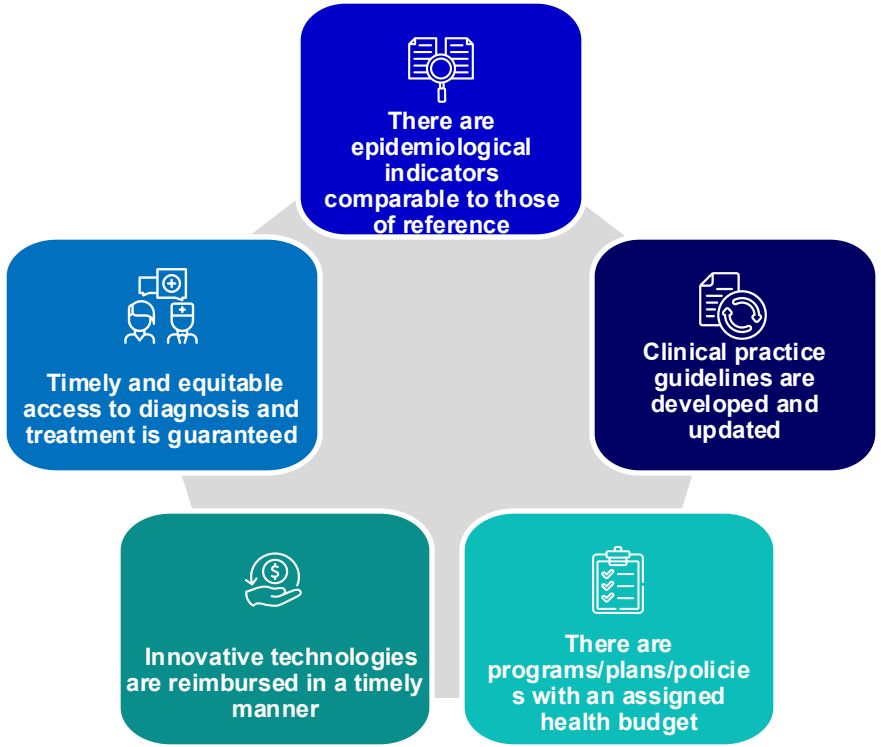
- ✓ Law 13.896/2019 regulates that confirmatory tests of suspected malignancies are completed within 30 days and treatment must begin within 60 days of confirmation of the diagnosis.
- ✗ Significant regional disparities in access to cancer care and a lack of clarity in screening guidelines for high-risk populations demonstrate the need for more equitable and comprehensive health services.

Main Findings in the Area

- ✓ Brazil's SUS guarantees free coverage of cancer treatments and has recently incorporated innovative diagnostic procedures, offering essential care without financial burdens.
- ✗ Lung cancer screening policies are limited, with unclear coverage for high-risk individuals and incomplete HTAs, making early detection and effective diagnosis difficult.

Main Findings in the Area

- ✓ Although there is no national cancer registry in Brazil, INCA's lung cancer mortality data has recently been updated to 2022, and some morbidity data is available in the SUS through its "Oncology Dashboard" app.
- ✗ The 5-year lung cancer death rate in Brazil shows that 82% of patients diagnosed with lung cancer in Brazil die within 5 years.



Main Findings in the Area

- ✓ The official guidelines are comprehensive but lack the most advanced testing and treatment, while the SBOC guidelines cover advanced testing and specific treatment, but omit diagnosis.

Main Findings in the Area

- ✗ There is a significant lack of national policies and programs specific to lung cancer in Brazil, without a dedicated national cancer registry, destigmatization efforts, or coverage for innovative treatments despite their approval, impacting the availability and support of innovative treatments.

Recommendations



Brazil has a critical need to improve lung cancer survival rates, as evidenced by a high 5-year mortality rate and outdated CPGs. Although progress has been made in incorporating a legislative framework that ensures timely and equitable access to diagnosis, the lack of a national cancer registry, inadequate policies, and regional disparities in care highlight significant gaps in the country's approach to lung cancer treatment.

To address these gaps, efforts must be focused on:

- Supporting the establishment of a national lung cancer registry that allows for better data collection, including disease burden, follow-up, and targeted interventions, enabling evidence-based decision-making in patient care.
- Supporting the development and implementation of regular updates to CPGs, ensuring that patient care practices reflect the latest advances and evidence in lung cancer screening for the high-risk population and their treatment.
- Promoting the creation of national lung cancer-specific policies and programs, including destigmatization efforts and coverage of innovative treatments, to address current gaps in support and access.
- Addressing regional disparities by working with health care providers and local policymakers to standardize screening guidelines and improve access to comprehensive cancer care across regions.

POLICY WISDOM

Colombia



Colombia

Average Progress

50.9%

Overall country progress

Modest ✗

PROGRESS IN THE DEVELOPMENT OF PUBLIC POLICIES

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

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

*Implementation is not considered

1. There are epidemiological indicators comparable to those of reference — 2/6 — 33.3%

1. Recent epidemiological data exist, and they are publicly available.[1,2,3]	✓ 2
2. The percentage of patients with LC who die within 5 years of diagnosis is equal to or lower than the international reference (USA), where the best treatment options are available.[4,5]	✗ 0
3. The percentage of patients with LC diagnosed at an advanced stage is equal to or lower than the international reference (USA).[4,6]	✗ 0

2. Clinical practice guidelines are developed and updated — 2/8 — 25%

1. Competent government entities/agencies establish a commission/working group to develop CPG for LC.[7]	✗ 0
2. A transparent process is established to study the evidence and link key actors in the process of developing/updating CPGs for LC.[7]	! 1
3. CPGs are comprehensive and include state-of-the-art diagnostic tests and innovative treatments.[7]	! 1
4. CPGs for LC are updated on a regular and planned basis.[7]	✗ 0

3. There are programs/plans/policies with an assigned health budget — 7/10 — 70%

1. The Ministry of Health recognizes the priority of PC in national cancer policies and evaluation mechanisms are established to monitor its implementation.[8,9,10,11]	✓ 2
2. There is a national cancer registry with data on the burden of disease for LC.[1,2,3]	! 1
3. The Ministry of Health actively promotes lung cancer destigmatization programs/campaigns.[12,13,14,15]	! 1
4. Sustainable funding sources exist for all programs and activities included in national LC policies.[10]	✓ 2
5. There are sustainable sources of funding for coverage of innovative medicines and treatments included in CPGs.[16,17,18]	! 1

4. Innovative technologies are reimbursed in a timely manner — 6/10 — 60%

1. Screening and diagnostic tests are fully reimbursed according to CPGs for LC.	✓ 2
2. The HTA framework is adequate to support an equitable evaluation of LC treatments and complies with a multi-criteria approach.[19,20,21,22,23,24,25,26]	! 1
3. Treatments are fully reimbursed according to the CPGs for LC (or the national formulary) at no OOP cost to the patient.[7,27,28,29,30,31]	! 1
4. Innovative contracting models are implemented for innovative LC medicines.[32]	✗ 0
5. There is no patient cost-sharing to access healthcare services for LC.[29,30,31]	✓ 2

5. Timely and equitable access to diagnosis and treatment is guaranteed — 8/12 — 66.6%

1. The Ministry of Health actively implements awareness programs on LC.[12,15,35]	! 1
2. The Ministry of Health establishes and ensures the implementation of screening programs for high-risk populations.[28,36,37]	✓ 2
3. The Ministry of Health guarantees biomarker testing in clinical diagnostic practice and focuses on current challenges such as the availability of trained specialists and continuous training.[6,37,38,39]	! 1
4. The legislative framework guarantees timely and equitable access to diagnosis after a positive screening and continuity of treatment once started.[6,16,37]	! 1
5. The Ministry of Health ensures the health personnel, infrastructure, and resources needed to treat LC throughout the country.[40,41,42,43]	! 1
6. The Ministry of Health has established processes/indicators to monitor and evaluate the quality/effectiveness of access to diagnosis and treatment.[3,6,11,37]	✓ 2

Colombia Main Findings

Main Findings in the Area

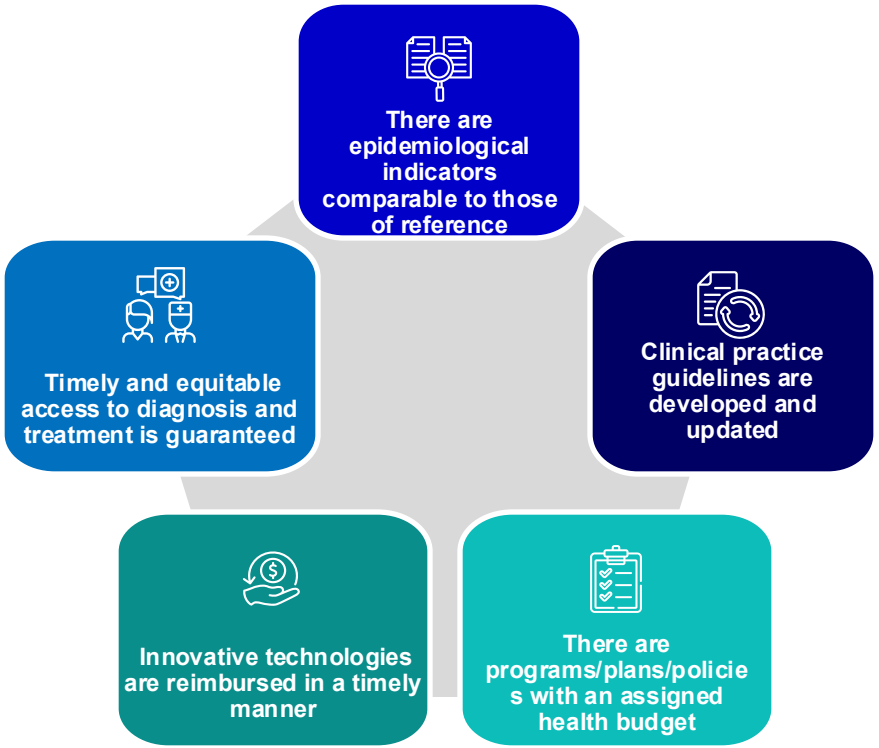
- ✓ Colombia commemorates World Lung Cancer Day and recognizes November as "Lung Cancer Awareness Month", promoting awareness.
- ✗ Despite coverage for lung cancer screening and biomarker testing, inadequate training of specialists and the absence of specific programs mean that only a fraction of eligible patients receive the necessary biomarker studies.

Main Findings in the Area

- ✓ Colombian cancer patients benefit from coinsurance waivers and minimum co-pay fees for services, improving access to care.
- ✗ The 2014 guidelines and the lack of current development of CPGs affect the advancement and coverage of new technologies, impacting patient access to innovative treatments.

Main Findings in the Area

- ✓ Colombia's InfoCáncer platform and mandatory cancer reporting through the High Cost Account provide cancer data and annual updates, supporting informed policy and healthcare decision-making.
- ✗ Significantly higher lung cancer mortality in Colombia and more advanced-stage diagnoses indicate the need for improved early detection and treatment strategies compared to benchmarks such as the United States.



Main Findings in the Area

- ✓ The new Law No. 2360 provides for the development of updated and comprehensive protocols over the next 6 months.
- ✗ The last government-published CPG for lung cancer was published in 2014 and has not been updated since then.

Main Findings in the Area

- ✓ Colombia's Ten-Year Public Health Plan 2022-2031 prioritizes lung cancer and sets clear targets to reduce mortality, supported by ongoing funding mechanisms for cancer care.
- ✗ Despite these advances, the lack of a national cancer control plan and a unified cancer registry limits effective monitoring and management of lung cancer.

Recommendations



Colombia's comprehensive cancer data systems and continued funding for lung cancer care are strong, but the country faces challenges such as increased lung cancer mortality, outdated CPGs, and gaps in national cancer control and registry systems.



While access to innovative treatments is supported, inadequate training of specialists and lack of targeted programs limit the effectiveness of lung cancer screening and biomarker testing.

To close these gaps, efforts must be focused on:

- Implementing specific initiatives to improve the early detection and treatment of lung cancer, leveraging data from platforms such as InfoCancer to drive policy changes and clinical practices.
- Supporting the training of patient groups to amplify their voices and encourage their meaningful participation, especially in committees created by the new law.
- Advocating for the prompt establishment of updated protocols with specific activities, procedures, and interventions for the early detection and treatment of the most common cancers, including lung cancer, as set out in the new Law No. 2360.
- Support the creation of a unified cancer registry to improve monitoring, management, and strategic planning of lung cancer care across the country.
- Develop and fund programs aimed at improving the training of specialists and increasing the number of patients receiving necessary biomarker studies, addressing current gaps in lung cancer care and screening.

POLICY WISDOM

Mexico



Mexico

Average Progress

36.8%

Overall country progress

Modest

PROGRESS IN THE DEVELOPMENT OF PUBLIC POLICIES

0 = No

1 = Partially

2 = Yes

≤59% Modest

60-79% Moderate

80-89% Significant

90-100% Outstanding

*Implementation is not considered

1. There are epidemiological indicators comparable to those of reference — 1/6 — 16.7%

1. Recent epidemiological data exist, and they are publicly available.[1,2,3,4,5,6,7,8,9]	1
2. The percentage of patients with LC who die within 5 years of diagnosis is equal to or lower than the international reference (USA), where the best treatment options are available.[10]	0
3. The percentage of patients with LC diagnosed at an advanced stage is equal to or lower than the international reference (USA).[10,11]	0

2. Clinical practice guidelines are developed and updated — 3/8 — 37.5%

1. Competent government entities/agencies establish a commission/working group to develop CPG for LC.[12,13,14]	1
2. A transparent process is established to study the evidence and link key actors in the process of developing/updating CPGs for LC.[12]	1
3. CPGs are comprehensive and include state-of-the-art diagnostic tests and innovative treatments.[13,16,17]	1
4. CPGs for LC are updated on a regular and planned basis.[12,13]	0

3. There are programs/plans/policies with an assigned health budget — 4/10 — 40%

1. The Ministry of Health recognizes the priority of PC in national cancer policies and evaluation mechanisms are established to monitor its implementation.[42,49]	1
2. There is a national cancer registry with data on the burden of disease for LC.[24,31,14,50]	1
3. The Ministry of Health actively promotes lung cancer destigmatization programs/campaigns.[18,19,20,21]	0
4. Sustainable funding sources exist for all programs and activities included in national LC policies.[14,22,23]	1
5. There are sustainable sources of funding for coverage of innovative medicines and treatments included in CPGs.[14,15,24,]	1

4. Innovative technologies are reimbursed in a timely manner — 4/10 — 40%

1. Screening and diagnostic tests are fully reimbursed according to CPGs for LC.[15,24,25]	1
2. The HTA framework is adequate to support an equitable evaluation of LC treatments and complies with a multi-criteria approach.[26,27,28]	1
3. Treatments are fully reimbursed according to the CPGs for LC (or the national formulary) at no OOP cost to the patient.[12,24,29,30,31,32,33]	1
4. Innovative contracting models are implemented for innovative LC medicines.[34,35]	0
5. There is no patient cost-sharing to access healthcare services for LC.[29,30,31,32,36]	1

5. Timely and equitable access to diagnosis and treatment is guaranteed — 6/12 — 50%

1. The Ministry of Health actively implements awareness programs on LC.[19,20,21,37]	1
2. The Ministry of Health establishes and ensures the implementation of screening programs for high-risk populations.[13,38]	1
3. The Ministry of Health guarantees biomarker testing in clinical diagnostic practice and focuses on current challenges such as the availability of trained specialists and continuous training.[15,25,39,40,41]	1
4. The legislative framework guarantees timely and equitable access to diagnosis after a positive screening and continuity of treatment once started.[13,14,42]	1
5. The Ministry of Health ensures the health personnel, infrastructure, and resources needed to treat LC throughout the country.[43,44,45,46,47,48]	1
6. The Ministry of Health has established processes/indicators to monitor and evaluate the quality/effectiveness of access to diagnosis and treatment.[14,42]	1

Mexico Main Findings

Main Findings in the Area

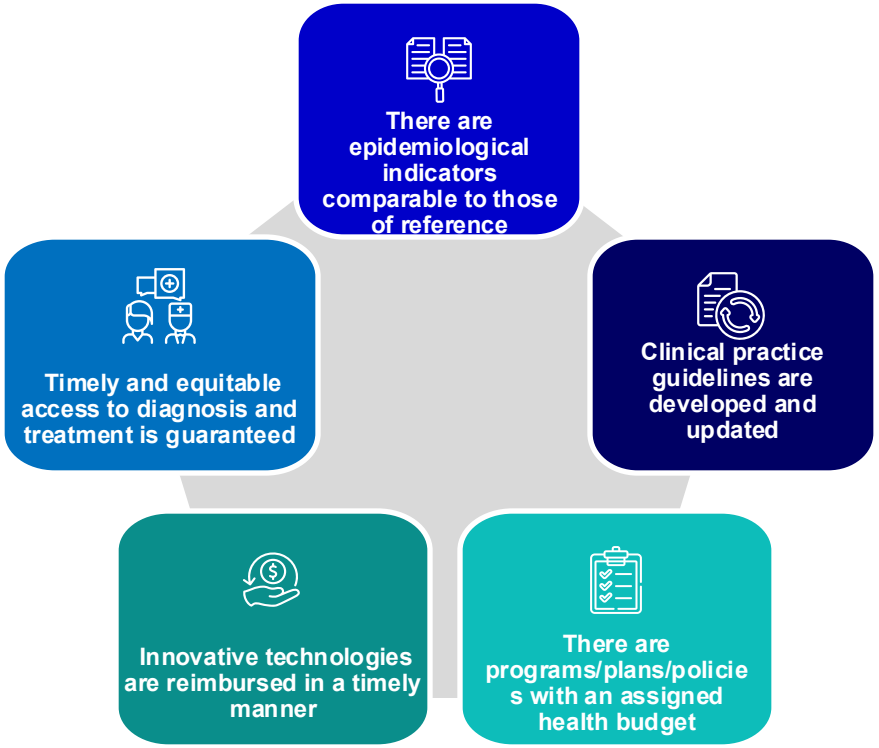
- ✓ The Ministry of Health conducts lung cancer awareness programs and has set goals to improve treatment effectiveness and quality control.
- ✓ The draft General Cancer Law proposes evaluating the National Cancer Control Plan every three years, and the proposed National Cancer Commission establishes the evaluation framework.
- ✗ Restricted availability of screening tests and lack of a comprehensive access framework leads to unequal and inconsistent diagnoses and treatments for lung cancer patients.

Main Findings in the Area

- ✓ The technical protocol of the General Health Council for lung cancer includes diagnostic tests and advanced treatments, with timely reimbursement of these technologies.
- ✗ Although treatments are formally covered in the public system, shortages are frequent, especially at the National Cancer Institute, which sometimes means patients must buy their own medicines.
- ✗ The Protocol does not recommend screening except in cases of incidental findings.

Main Findings in the Area

- ✓ National statistics provide lung cancer mortality data.
- ✗ The lack of recent national data on lung cancer incidence and survival rates limits understanding of the true burden of disease and hinders effective national planning.



Main Findings in the Area

- ✓ Mexico's General Health Council has an established process for developing and updating CPGs, including a technical protocol (PT039) for lung cancer that covers advanced treatments and testing.
- ✗ The 2020 lung cancer protocol lacks a defined update schedule, which could lead to delays in integrating new tests into clinical practice.

Main Findings in the Area

- ✓ The National Cancer Institute has established actions to improve lung cancer detection and care, particularly focused on non-smoking women, as indicated in its 2020-2024 institutional program.
- ✓ The General Cancer Bill proposes the National Fund for Cancer Care, which will cover innovative medicines and other supplies.
- ✗ The National Cancer Registry has not been fully implemented, and its funding was eliminated in the 2022 federal budget, compromising the ability to effectively monitor and address lung cancer trends and needs.

Recommendations

The management of lung cancer in Mexico presents barriers due to the lack of national data, outdated CPGs, incomplete implementation of cancer registries, and frequent scarcity of treatments. These situations lead to unequal diagnosis and care, highlighting the need to improve data collection, updating CPGs, and access to treatments.

The draft General Cancer Law includes provisions to create a Commission and a Council to develop and update CPGs, support innovative diagnostic tests, and create a fund to finance new medicines and medical supplies, among other measures.

To close these gaps, efforts must be focused on:

- Supporting the passage of the General Cancer Bill being debated in Congress, which will help close gaps in access to lung cancer diagnosis and treatment.
- Developing a national system to collect comprehensive data and adequate reporting on lung cancer.
- Establishing a schedule for regularly updating CPGs and creating a committee dedicated to revisions.
- Develop strategies to address drug shortages and advocate for the inclusion of routine screening for high-risk populations in national protocols.

Next steps

National and International Frameworks to Consider

There are epidemiological indicators comparable to those of reference



Lung Cancer Europe (LUCE) Financial Impact Of Lung Cancer: A European Perspective



LUNGEVITY State Medicaid Coverage Policy and Impact on Lung Cancer Outcomes

Clinical practice guidelines are developed and updated



PAHO Global Initiative for Childhood Cancer Working Group for Latin America and the Caribbean



Ley 2360 de Colombia. protocolo actualizado donde contemple las actividades, procedimientos e intervenciones de protección especifica y detección temprana de los tipos de cáncer

There are programs/plans/policies with an assigned health budget



WHO report on cancer: setting priorities, investing wisely and providing care for all



PAHO Plan of Action for Cervical Cancer Prevention and Control 2018-2030

Innovative technologies are reimbursed in a timely manner



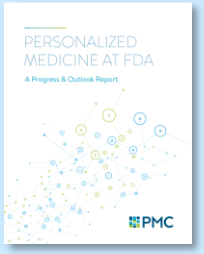
LUNGEVITY State Medicaid Coverage Policy and Impact on Lung Cancer Outcomes

National and International Frameworks to Consider

Timely and equitable access to diagnosis and treatment is guaranteed



[Brazil: Law 12.732 of 2012 and its amendment through Law 13.896 of 2019]



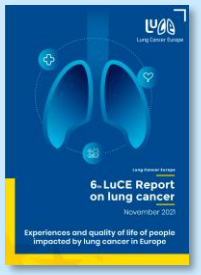
[Personalized Medicine at FDA - A Progress & Outlook Report]



[PAHO Knowledge summaries on breast cancer]



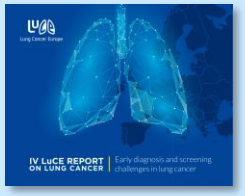
[Lung Cancer Europe (LUCE) Challenges in the care pathway and preferences of people with lung cancer in Europe]



[Lung Cancer Europe (LUCE) Experiences and quality of life of people impacted by lung cancer in Europe]



[Lung Cancer Europe (LUCE) Disparities and challenges in access to lung cancer diagnostics and treatment across Europe]



[Lung Cancer Europe (LUCE) Early diagnosis and screening challenges in lung cancer]



[Ley 2360 de Colombia: Protocolo actualizado que incluye actividades, procedimientos e intervenciones para la protección específica y detección temprana de los diferentes tipos de cáncer]

Regional Recommendations

Strengthen data collection and monitoring:
Establish or improve national cancer registries and data systems to enable accurate monitoring, analysis and policy-making for lung cancer, ensuring that complete and up-to-date data are available to all countries.

Update and standardize clinical practice guidelines: Advocate for the regular review and updating of CPGs across the region, ensuring that they reflect the latest advances in lung cancer diagnosis, detection, and treatment.

Promote equitable access to healthcare:
Develop and implement policies that ensure timely access to innovative diagnostics, treatments, and therapies, addressing regional disparities and ensuring that high-risk populations receive appropriate care.

Improve specialists' training:
Invest in continuing professional development programs for health care professionals, especially in biomarker testing and advanced treatment options, to improve the quality of lung cancer care.

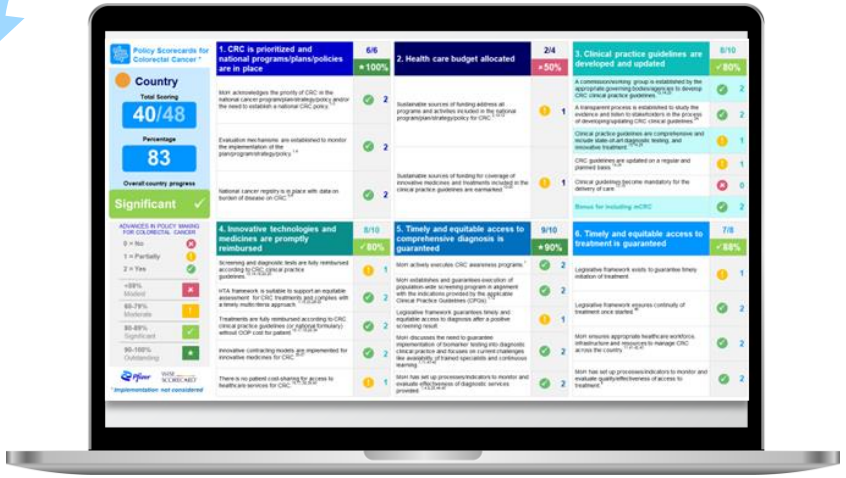
Support legislative frameworks:
Encourage the creation and implementation of legislative measures that ensure timely diagnosis, continuity of treatment, and full reimbursement for lung cancer care, promoting a favorable policy environment throughout the region.

Address drug shortages and gaps in treatment:
Develop regional strategies to mitigate treatment shortages, ensure consistent access to needed medicines and therapies, and include routine screening in national protocols.

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 application and obtaining the expected results.



Success redefines the problem

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August 2024

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