Reviewer’s report

Title: Addressing the affordability of cancer drugs: using deliberative public engagement to inform health policy

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Reviewer: Ramesh Bhardwaj

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'Addressing the affordable of cancer drugs: using the deliberative public engagement to inform health policy': Review and Comments

The paper, 'Addressing the affordable of cancer drugs: using the deliberative public engagement to inform health policy', provides important information input from the public deliberations on the issues of affordability, fairness and equity impinging on the cancer patients and their caregivers. The skyrocketing prices are having negative and profound financial impact on patients and family members. These burning issues (known as financial toxicity, Rimer 2018), require immediate redressal measures from the public health authorities. Another serious issue is the lack of association between the cost of new drugs and their therapeutically benefits. Patients, as a consequence, are facing a painful dilemma of paying high prices for drugs that have uncertain value(Cohen 2016).

Limited and shrinking public health funding is precipitating the shift of health financing burden on to the patients in the form of high out-of-pocket expenses.

The authors of the study have shed evidence on the problems of affordability and fairness through public deliberations, organized around selected provinces of Canada. Information is gathered through well planned and random-based selection of participants on a range of problems faced by the affected public. The deliberations center on the value-based and cost-effective pricing strategy of cancer medicines. The study places the onus on public funding to achieve the goal of affordable, equitable, and of uniform quality of therapeutic treatment across all provinces of Canada.

It is suggested here that the project can make more valuable and practical contributions if the following points are incorporated in the study.

(i) The heavy reliance on public funding, though highly warranted from equity and affordability angle, is not a financially sustainable and viable proposition, given the continuing trend of the restrictive budgetary policy of fiscal consolidation in many developed countries, including Canada. Poor and sluggish economic growth performance in Canada has constrained the availability of public funding in the health sector in the past two decades.

(ii) In addition to the limited availability of government funding, insurance companies, which are among the largest payer for health services, offer limited options for reimbursement plans that are further subject to onerous qualifying conditions. Lack of competition and lack of regulations on their functioning have led these dominant players to resort to restrictive practices such as
selective cream skimming policies, long waiting period clauses, heavy co-payments, and deductibles conditions. These provisions act as major barriers to affordable and equitable treatment. Such issues need to be addressed and settled from time to time in joint forums comprising of public bodies, insurers, and pharmaceutical companies.

(iii) The high cost of generic cancer drugs and the government's inaction to use its negotiating power are another set of barriers to cost control. It has been found that even if there are acceptable generic alternatives with equal efficacy, the prices of many such drugs are set at quite a high level compared with those for non-malignant diseases (Siddiqui and Rajkumar 2012). Another reported hurdle is that governments in many countries generally do not realize the bargaining power they have to place more emphasis on price-volume negotiations (WHO 2017).

(iv) The practice of linking prices of new cancer drugs with the R&D cost is considered as a root cause of escalating prices of new drugs. The key issue is the exclusive marketing right -- the monopoly -- rather than the patent system itself for escalating prices (Love 2007). A suggested strategy is to de-link the price from the R&D costs by instituting prize scheme within the patent system. A growing number of public health, economics, and innovation experts are now focusing attention on the use of prizes as a potential alternative to marketing monopolies. However, The introduction of new prize mechanisms to stimulate R&D will require effort, ingenuity and political leadership (Love 2007). Prize funds can also be used for promoting R&D in neglected rare cancer diseases.

(v) A long-term issue related to drug cost is the of lack public sponsored, public funded research and research in public labs to generate useful research knowledge for developing commercial applications of biomedical advances, in most countries excepting in USA and UK. The USA has a long tradition of conducting basic research in the public domain that has helped pharmaceutical companies to make innovative breakthroughs in this knowledge-intensive field. Government's involvement in promoting and funding basic research and joint public-private partnership initiatives are worth exploring by countries to retain influence on pricing decisions (WHO 2017). All relevant stakeholders (government, academia, and industry) need to be engaged in tackling the issue of affordability and fairness while supporting public investments in basic and developmental research for driving future innovations.

It is hoped that the hard and elaborate work done by the authors in the above project would incorporate ideas of innovative financing alternatives, address joint public-private partnership in R&D and coordinate information from all stakeholders in their subsequent project.

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