DITTA GLOBAL DIAGNOSTIC IMAGING, HEALTHCARE IT & RADIATION THERAPY TRADE ASSOCIATION

IAEA Programme of Action for Cancer Therapy PACT

ADVISORY GROUP ON INCREASING ACCESS TO RADIOTHERAPY TECHNOLOGY IN LOW AND MIDDLE INCOME COUNTRIES (AGaRT)

25 JANUARY, 2017 VIENNA, AUSTRIA

ROLE OF THE PRIVATE SECTOR: SCALING UP RADIOTHERAPY TECHNOLOGY IN LMICS

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DITTA Vice-Chair

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DITTA

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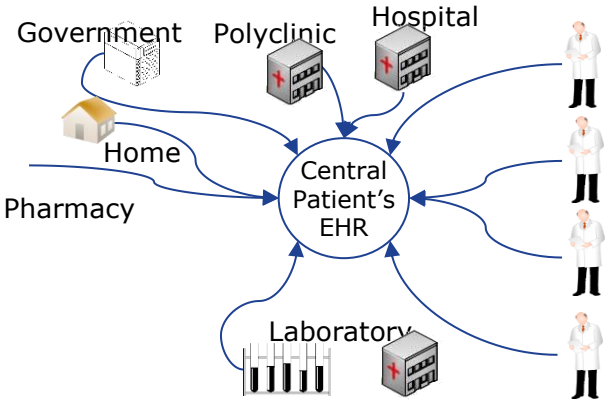
DITTA is a non-profit trade association, created in 2000 and incorporated in 2012 represents more than 600 companies around the globe

DITTA covers the following industry sectors:

1. Diagnostic imaging,
2. Radiation therapy,
3. Healthcare IT,
4. Electromedical
5. and Radiopharmaceuticals

Our Industry leads in state-of-art advanced technology and provides integrated solutions covering the complete care cycle



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WHAT IS DITTA?

- DITTA membership is currently comprised of COCIR (Europe), JIRA (Japan), ITAC (Canada), MEDEC (Canada), MITA (United States), THAIMED (Thailand), IMEDA (Russia), CAMDI (China), ABIMED (Brazil) and KMDICA (Korea)
- DITTA includes more than 600 companies worldwide
- DITTA enables participating associations and their member companies to work more effectively with international policymakers, organizations, professional associations and stakeholders
- Since 2015, DITTA has the status of NGO in official relations with World Health Organisation
- In May 2016 DITTA signed a partnership agreement with the World bank to support the Bank procurement in Medical technologies

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DITTA GLOBAL PRESENCE

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THE ROLE OF RADIOTHERAPY IN CANCER TREATMENT

Surgery

Radiotherapy

Chemotherapy

Cost-Effective

Personalized

Targeted

Collaborative

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CONCRETE EXAMPLES ON VALUE ADD OF MEDICAL TECHNOLOGIES IN CANCER CARE

"Chronic" cancer patients require a different, integrated treatment approach

- **Improved tumor control will result in longer survival from cancer**
- **More and more patients will develop secondary tumors requiring local treatment**
- **Radiotherapy is the cornerstone of local cancer treatment**

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ROLE OF RT IN CANCER CONTROL IN LMIC

- More than half the cases of cancer in the world arise in people in low-income and middle-income countries. This proportion will rise to 70% by 2020.
- Radiotherapy is an essential part of the treatment of cancer. In high-income countries, 52% of new cases of cancer receive radiotherapy at least once and up to 25% might receive a second course.
- Many countries of low or middle income have limited access to radiotherapy, and **22 African and Asian countries have no service at all**. Eastern Europe and Latin America showed similar shortages.
- Radiotherapy for cure or palliation **has been shown to be the most affordable treatment despite the high initial investment.**

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UPSCALING RADIOTHERAPY: COSTS AND BENEFITS

The cost of scaling up radiotherapy in 2015/2035 amounts to $184,0 billion across all low-income and middle-income countries:

- $ 26.6 billion in low-income countries
- $ 62·6 billion in lower-middle-income countries
- $ 94·8 billion in upper-middle-income countries

Scale-up of radiotherapy capacity in 2015/2035 from current levels could lead to saving of 26,9 million life-years in low-income and middle-income countries over the lifetime of the patients who received treatment **for a net benefit of $278,1 billion in 2015/2035**:

- $265,2 million in low-income countries
- $38,5 billion in lower-middle-income countries,
- $239,3 billion in upper-middle-income countries).

Source: Lancet Oncology Commission: Expanding global access to radiotherapy Volume 16, No. 10, p1153–1186, September 2015

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LANCET COMMISSION CALL TO ACTION

Action 1: population-based cancer control plans

- Target: by 2020, 80% of the countries to have cancer plans that include radiotherapy.

Action 2: expansion of access to radiotherapy

- Targets: at least one cancer center in each LMIC by 2020; 25% increase in radiotherapy treatment capacity by 2025.

Action 3: Human resources for radiotherapy

- Target: 7500 radiation oncologists, 20 000 radiation technologists, and 6000 medical physicists to be trained in LMICs by 2025.

Action 4: sustainable financing to expand access to radiotherapy

- Target: $46 billion of investment by 2025 to establish radiotherapy infrastructure and training in LMIC countries.

Action 5: align radiotherapy access with universal health coverage

- Target: 80% of low-income and middle-income countries to include radiotherapy services as part of their universal health coverage by 2020.

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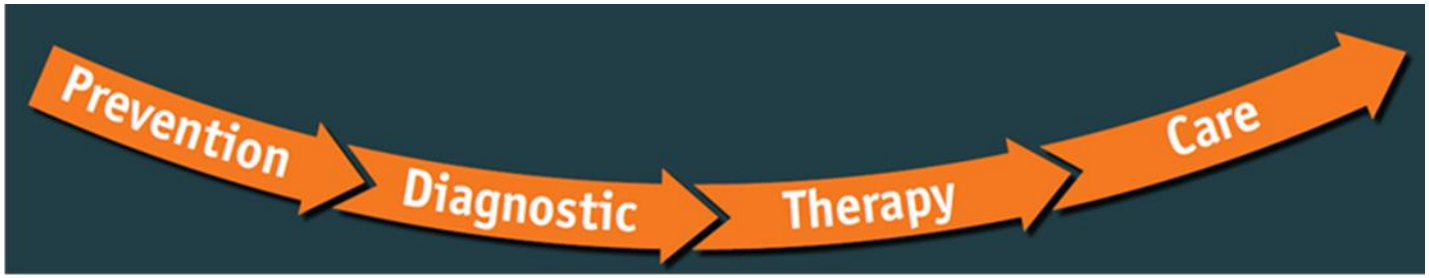
ROLE OF THE PRIVATE SECTOR

Action 1: population based cancer plans

- Complete care pathway



Action 2: expand access to RT

- Provide innovative technologies which are affordable and adapted to local infrastructure and needs
- Building Awareness about cost-effectiveness

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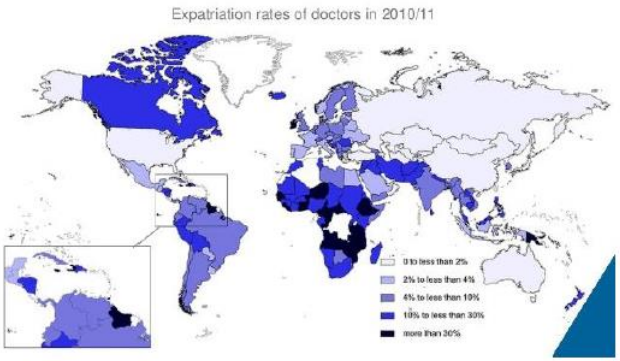
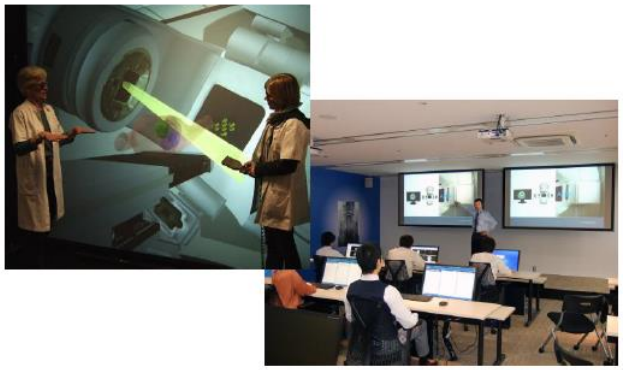
Action 3: training and education

- Product training
- Partnership with academia and professional societies

Adding machines is only part of the solution





Challenge of Medical "Brain Drain"

Safe & Effective Treatment Requires Trained and Knowledgeable Clinicians

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ROLE OF THE PRIVATE SECTOR

Action 4: sustainable financing

- Fair and transparent procurement
- Take into consideration the full life cycle cost including appropriate human resource support and training
- Innovative financial tools/models [PPP, MES]

Action 5: RT aligned with universal health coverage

- Underline the importance of value add of technology

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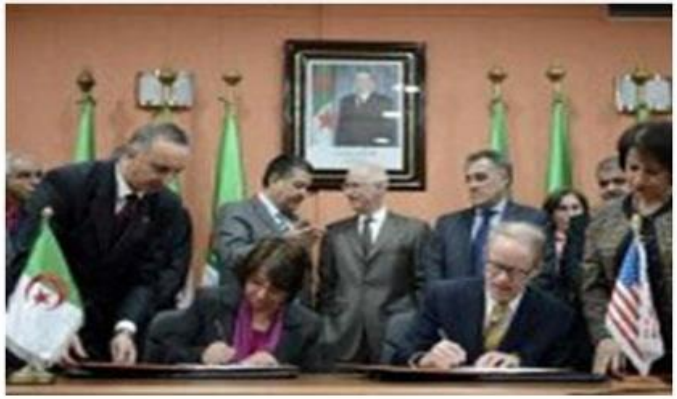
EXAMPLE: ALGERIA CANCER PROGRAM

PLAN NATIONAL CANCER 2015 2019

13 new governmental centers

39 linear accelerators



Equipping Public Hospitals

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THANK YOU!

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