Title:
Accessibility and affordability of immunotherapy in oncology care

Full Name:
Darshan Kanani

Name of the Institution:
Goa Medical College, Goa

State:
Goa

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
1) Cutting the cost of investigations
2) Using low dose IO data
3) Combination of Govt schemes + out of pocket expenditure
4) Half the payment if IO doesn't work?
5) Manufacturing drug at a local level to cut down the cost
6) Programs for sharing vials

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
1) Company can sponsor investigation costs like PDL1 so patients can spend that money for buying drugs and to use with high PDL1/TMB/dMMR where chances of working IO is better
2) Low dose IO with/without TKI or chemotherapy - these trials can be conducted at a local level
3) PMJAY scheme can cover partial cost of IO and partial cost to be paid by patient
4) If patient doesnt respond withing a time frame, some schemes can be made where next line of ChT can be covered by company partially
5) Instead of importing the drug, local level manufacturing can be tried to cut the cost
6) For a 100mg vial, if patient needs only 80mg, 20mg gets wasted. Some type of collab among patients/hospitals and company to share those vials and decrease the wastage.

Full Name:
Sakthi Vignesh D

Name of the Institution:
Government Kilpauk Medical College (GKMC), Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Key objective is to make immunotherapy easily available and affordable to all socioeconomic classes of people, also to bridge the care gap between urban and rural areas—through finding new ideas for financial assess, decentralised clinical trials and involving policymakers and stakeholders actively for reducing the economic gap.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
For affordability of immunotherapy—patient assistance program should be utilised to the maximum. It should be made aware to the patients who needs to take the treatment (many a times the hospitals does not inform the patient of the availability of those programs). We should involve policymakers, bring policy changes and bring pharmaceutical based low interest EMI schemes for patients taking treatment with curative intent. Also bring insurance schemes including cancer cover—to ensure financial stability till death.
Steps should be taken to bring immunotherapy-based phase 3 trials in tier 2/3 cities, improving the accessibility part a bit.
Pharma companies should try to sell their patented drugs at a premium rate based on per capita income of Indian economy and not based on UK/US economy standards.
DCGI should try to give faster approvals to recently approved drugs with improved PFS and OS, on par to FDA/ESMO levels, so that recent standards of care are integrated to national guidelines and under insurance schemes, making it a bit affordable and accessible to Indian patients. Import tax should be made nil, in case of drugs proved to improve cancer survival, but not yet approved in India.
For all above to happen, strategic memorandum of undertaking can be signed between health ministry and multinational pharma companies and incentivising them and can help to setup their manufacturing plant and thereby reduce the production cost further. Also, measures should be taken to support and improve R&D and develop indigenous immunotherapy in our country itself, by having tie up with premier cancer institutes.

Full Name:
Dr Kavuru Naga Siri

Name of the Institution:
Sri Ramachandra Medical College, Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To improve patient quality of life and provide affordable care.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
To help the patients get a better access by bringing changes in the govt legislation.

Full Name:
Uppuluri Vagdevi

Name of the Institution:
Government Kilpauk Medical College (GKMC), Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The primary objective of this solution is to increase the number of eligible cancer patients who can receive immunotherapy without causing financial hardship, by creating a sustainable system where treatment costs are reduced through shared responsibility between pharmaceutical companies, doctors and government programs like Aarogya sri. At the same time, the model aims to ensure that drugs are used appropriately and efficiently, so that patients achieve better outcomes, doctors can follow evidence-based care, and companies can expand access while maintaining long-term commercial viability.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
A practical way to improve access and affordability of immunotherapy is to move beyond price alone and build a strong partnership between pharmaceutical companies, hospitals and the government. Drug companies can offer flexible pricing models such as pay for a few cycles and receive the rest free or adjust costs based on a patient's financial status and stage of disease. This approach does not reduce business instead; it increases the number of patients starting treatment and improves overall utilization. Hospitals play an important role by selecting patients most likely to benefit based on evidence and biomarkers, while avoiding unnecessary use. They should also maintain structured registries to capture real-world outcomes such as response, survival, and toxicity, providing local proof of benefit and value. The government can support this through schemes like Ayushman Bharat or Aarogyasri by covering costs for economically weaker patients and negotiating lower prices through bulk procurement. If registry data consistently shows meaningful benefit at a population level, it strengthens the case for including immunotherapy more widely in government programs. This creates a cycle where access improves, outcomes are tracked, and decisions are evidence based, benefiting patients, doctors, and companies.

Full Name:
Avinash Ranjan

Name of the Institution:
Regency Hospital, Kanpur

State:
Uttar Pradesh

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The patient is able to start, continue, and complete the full course of immunotherapy on time without skipping or delaying doses due to cost, while also avoiding financial stress, debt, or burden on the family.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
The aim is to ensure that effective treatment reaches patients without causing financial hardship.

1) Lessons can be learned from other diseases. HIV programs like and expanded access through government-industry partnerships and bulk procurement. In Hepatitis C, voluntary licensing allowed affordable generics, making treatment widely available. Vaccine initiatives such as showed how shared responsibility and tiered pricing can improve global reach.

2) To improve access to immunotherapy, a collaborative approach is needed. Tiered pricing can make drugs more affordable in low- and middle-income settings. Patient support programs can help patients start and continue treatment without interruption. Governments can strengthen access by including immunotherapy in public insurance schemes, negotiating bulk prices, and reducing taxes on cancer medicines. In the long term, promoting biosimilars and local manufacturing can significantly lower costs. At the same time, rational patient selection ensures that treatment is used where it provides the most benefit.
3). Efforts should focus on price transparency, inclusion of key drugs in essential medicine lists, and policies that protect patients from catastrophic health expenses. Faster approval of cost-effective alternatives and supportive reimbursement policies can further improve access.

Full Name:
Dr Rajdeep Bose

Name of the Institution:
Dr. B Borooah Cancer Institute, Guwahati

State:
Assam

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The primary outcome is to improve accessibility and affordability of immunotherapy in India by reducing cost barriers through a coordinated ecosystem involving local biologics manufacturing, expanded clinical trial participation, volume-linked pricing strategies, and policy-enabled access reforms. This is particularly relevant in the context of India's rising cancer burden, with over 1.4 million new cancer cases annually in recent estimates, and projections suggesting approximately 2.08 million cases by 2040 (about a 57.5% increase from 2020). Given this growing demand, the solution aims to leverage India's large cancer burden as strategic bargaining power to support lower-cost access, improve availability of immunotherapy for eligible patients, and reduce financial toxicity associated with treatment.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
I propose a National Immunotherapy Access Mission (NIAM) to improve affordability and accessibility of immunotherapy in India by leveraging the country's rising cancer burden for scale-based affordability.
A key component would be a "Make in India" ecosystem for oncology biologics, where the Government of India facilitates local manufacturing by multinational companies through policy incentives, technology transfer partnerships, and streamlined regulatory pathways to help lower costs.
A second pillar would be pooled public procurement, with the Government of India purchasing immunotherapy in bulk at negotiated prices and making it available through government cancer hospitals to reduce acquisition costs and expand access.
The proposal would also strengthen India as an immunotherapy clinical trial hub through industry-academic collaboration, improving access through trial participation while generating evidence relevant to Indian populations.
Additional support would come through policy reforms including reduced taxation, pricing transparency, and wider reimbursement.
The innovation lies in creating a structural ecosystem where manufacturing, procurement, research, and policy work together to make lower-cost immunotherapy access possible in a scalable and sustainable manner.

Full Name:
Kandula Manaswini

Name of the Institution:
Basavatarakam Indo American cancer hospital, Hyderabad

State:
Telangana

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Improving access to immunotherapy requires integrated action across pricing, policy, diagnostics, and delivery systems. A combined model of government funding, pharma partnerships, biosimilars, and rational use can make these life-saving therapies accessible and affordable, especially in resource-limited settings like India.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Improving access and affordability of immunotherapy in oncology requires integrated policy, pricing, and clinical strategies. High-cost drugs such as Pembrolizumab and Nivolumab should be included under public insurance schemes like Ayushman Bharat, with caps on out-of-pocket spending. Governments can negotiate tiered pricing and pooled procurement to reduce costs, while adopting value-based pricing models linked to treatment outcomes. Promoting biosimilars and domestic manufacturing through regulatory support can further lower drug prices and improve availability.
Cost-effectiveness can be enhanced by biomarker-driven selection (PD-L1, MSI), ensuring immunotherapy is used only in patients likely to benefit, thereby avoiding unnecessary expenditure. Expanding access to affordable diagnostic services is crucial. Strengthening patient assistance programs including subsidized or free-cycle models and integrating them into hospital systems can reduce financial burden.
Decentralizing cancer care by establishing day-care immunotherapy centers in smaller cities and using tele-oncology can reduce indirect costs. Policy measures such as price regulation by National Pharmaceutical Pricing Authority, tax reductions, and inclusion in essential medicines lists are vital.

Full Name:
Reshma Abraham

Name of the Institution:
Manipal hospital, Bangalore

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
How to increase accessibility and affordability of immunotherapy in India?

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

My ideas align closely with the previous winner's framework, but before we lay the path to that vision, we must address the roadblocks. India's main problem is in execution discipline. China has shown the path. We need a strategic implementation of previously already done exercise in our democratic country in a expedited pace

1. Reverse Brain Drain plan (Singapore + China model). Attractive, contractually guaranteed offers that survive political change; the nation must stand by them. A ~₹5 crore unconditional research grant (revised based after computing international costs comparison) + ₹50L annual salary (revised periodically to match international standards) + housing + lab space for any Indian-origin scientist with a postdoctoral or faculty position abroad in immuno-oncology, bonded for 7 years of domestic service.

~ ₹2 crore startup grant for deserving Indian PhDs launching biotechs domestically, with no government equity dilution. Both these above these can be funded by private public partnerships, funding pools can include a 0.5% cess on pharma exports

These are to work closely with ICMR-NCDIR and outcomes must be monitored, strictly.

2. Offer choice-preserving service obligation for all IIT/NIT/IIsc students (3 years for fully-subsidized seats, less for partial, opt-out via 4x repayment) and a residency-style match where students rank mission tracks that they would be interested in. Distribute the interested students across 4-5 immunotherapy-access missions: indigenous biologics manufacturing (checkpoint inhibitor biosimilars, CAR-T components similar to the NexCAR19 model), diagnostic innovations (digital AI based pathology and biomarker testing for tier-2/3 hospitals), cold chain ideas for remote rural TCCCs for biologics and cell therapies, improvise tele-oncology and improve clinical trial infrastructure at public hospitals. Adequate research funding for innovations and recognition for achievements.

3.CDSCO/DCGI changes-Revised reviewer capacity at the current salaries offered CDSCO cannot attract MD/PhD-level scientific reviewers who command 3 to 5 times that in industry. Tripling salaries via industry user fees (FDA's PDUFA model) makes the role competitive. CDSCO should aim for full membership at International Council for Harmonisation (ICH) and which will help to get expedited approvals.

Public-private partnership, effective utilisation of CSR funds for research development must be the cornerstone of every pillar funding, infrastructure, and for delivery.

Full Name:
Foram Joshi

Name of the Institution:
Kidwai Memorial Institute of Oncology, Bangalore

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

In today's era of molecular oncology and precision medicine, immunotherapy has been a major breakthrough in improving the quality of cancer care. However, the costs associated with immunotherapy are beyond the reach of the common man, especially in resource-limited settings. Therefore, there is a need to ensure equitable standards of cancer care for all patients

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

The most important aspect of improving accessibility to immunotherapy is reducing treatment costs and ensuring the availability of affordable medications. Cost-minimizing strategies mainly include the development, availability, optimization, manufacturing, and administration of biosimilars. Affordable biosimilar immunotherapy molecules can greatly contribute to the success of precision cancer care.

Most insurance companies and government healthcare schemes do not fully cover the cost of immunotherapy. Therefore, policy amendments are necessary to improve immunotherapy access, especially through the incorporation of biosimilars into government-funded healthcare programs.

Despite these strategies and algorithmic solutions, immunotherapy still remains beyond the reach of many patients in resource-limited countries. Therefore, proper triaging of immunotherapy use is also a crucial aspect of cancer care. Certain malignancies particularly benefit from immunotherapy, including melanoma, MSI-high/dMMR malignancies, and metastatic renal cell carcinoma. In such settings, ensuring access to immunotherapy is extremely important because these treatments can significantly improve patient outcomes.

Expansion of clinical trial enrollment can also improve access to targeted therapy and immunotherapy. Therefore, participation in clinical trials should be encouraged and prioritized for eligible patients. It is also important for physicians to counsel selected patients regarding the importance of immunotherapy in situations where the potential clinical benefit may outweigh the associated financial toxicity and significantly improve quality of life and cancer outcomes.

It is equally important to establish patient assistance programs that help patients navigate affordable cancer care and access government schemes and financial support systems. Furthermore, there is a strong need for extensive research in immunotherapy dosing strategies and for encouraging clinical trials focused on low-dose immunotherapy approaches that may still provide durable and effective responses.

Ensuring equitable access to immunotherapy is essential for delivering quality cancer care to all patients. Therefore, incorporation of immunotherapy into accessible healthcare frameworks remains a crucial step toward bridging the gap between innovation, availability, and patient access.

Full Name:
Habeeb K A

Name of the Institution:
VPS Lakeshore Hospital, Kochi

State:
Kerala

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

- Improve equitable access to immunotherapy for cancer patients in India
- Reduce financial toxicity and treatment interruptions through affordable care models and support programs
- Promote biomarker-driven, rational use of immunotherapy to maximize benefit and avoid unnecessary costs
- Strengthen Indian real-world evidence and clinical trial participation for population-specific treatment strategies
- Encourage government support, insurance inclusion, biosimilars, and local manufacturing to ensure long-term affordability and sustainability
- Balance innovation with accessibility and ethical cancer care delivery in resource-limited settings

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Cancer care is rapidly evolving, and immunotherapy has transformed outcomes in diseases like Non-Small Cell Lung Cancer, Melanoma, and Hodgkin Lymphoma.

Yet, in India, its biggest challenge is not science but access.

From a practical standpoint, affordability remains the central barrier. Most immune checkpoint inhibitors are still under patent protection, keeping prices high. Unlike short-course chemotherapy, immunotherapy often continues for months to years, leading to cumulative financial toxicity that many patients simply cannot sustain.

This is where global support models offer valuable lessons. Patient Support Programs (PSPs), such as "buy a few cycles, get additional cycles free," and bundled therapy approaches (similar to the PheSGo concept) significantly reduce upfront burden. Interest-free EMI options can further prevent treatment interruptions — a common real-world issue in Indian oncology practice.

However, cost is only one side of the problem. Much of the existing evidence guiding immunotherapy comes from Western populations. Indian patients differ in tumor biology, comorbidities, and affordability constraints. Generating robust Indian real-world data is essential—not just for outcomes, but also for cost-effectiveness and biomarker-driven selection. India, with its large patient pool, is uniquely positioned to become a global hub for clinical trials, which can simultaneously improve access and reduce drug development costs.

A sustainable solution requires coordinated action. Government-led price regulation, inclusion of immunotherapy under schemes like Ayushman Bharat, and tiered pricing for low- and middle-income countries are critical. Encouraging biosimilars and local manufacturing after patent expiry will be the single most impactful long-term strategy.

In my view, the future lies in rational, selective use rather than blanket adoption. Not every patient benefits from immunotherapy. Prioritising biomarker-driven therapy (PD-L1, MSI, TMB) can maximise benefit while minimising unnecessary cost. Parallelly, advocacy for GST reduction, faster reimbursement pathways, and even compulsory licensing in extreme cases should be actively pursued.

Ultimately, improving access to immunotherapy in India is not just a medical challenge—it is an ethical imperative to balance innovation with equity.

Full Name:
Shashanka K S

Name of the Institution:
Manipal Hospital, Bangalore

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

The emergence of immune checkpoint inhibitors has redefined outcomes in oncology, yet their high price often result in "financial toxicity" for patients. To bridge the gap between clinical innovation and global equity, there is an unmet need to move beyond traditional market models toward a multi-sector strategy focused on affordability and systemic reform.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

1. Global Access models

Global patient access programs (PAPs) in non-oncology therapeutic area especially from infectious diseases, cardiovascular and rare disease provide robust frameworks for addressing the complexities of oncology care. “Healthy Heart Africa" by AstraZeneca, “Mectizan Donation Program" by MSD in tropical disease, An “Accord for a Healthier World" by Pfizer in infectious diseases, “Mission Leapfrog" Initiative by Roche are the examples of some of the successful models.

2. Pharmaceutical companies and healthcare providers and governments coordination

- Massive procurement: provides guaranteed high-volume purchases for the manufacturers. Cost can be negotiated better. Inclusions of immunotherapy and distribution through Govt health schemes will bring the cost down and encourages the pharmaceuticals to compete for the better pricing.
- Local manufacturing: encouraging local manufacturing of the drugs, intern the companies benefit from subsidized land, tax benefits, affordable labor cost etc.
- Research and development: In partnership with local companies. Research in validating the efficacy of low dose immunotherapy with prospective trials.
- Easing the licensing and legislative hurdles without compromising the standardizations
- Tax wavier by the Govt on immunotherapy and targeted therapy.

3. Legislative Changes

Legislative reform is the key to sustainable development. The advocacy movements will have to target mainly three areas:

- Essential medicines listing: Pushing the global health authorities including WHO to include innovative immunotherapies on their Model List of Essential Medicines. This creates a worldwide obligation upon governments to support such medicines by financing them adequately.
- Licensing through TRIPS agreement: Civil society will have to push for compulsory licensing under international trade agreement when medicine prices remain exorbitant during times of health emergency situations.
- Legislative transparency on cost of innovation: Legislative pressure to bring about cost of innovation will be required in order to avoid unjustifiable price setting through innovation.

Full Name:
Vaidya Vedant Shripad

Name of the Institution:
JIPMER, Puducherry

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

We are one of the high-volume cancer centres, catering to nearly 2,500 new cases annually, we provide free classical chemotherapy to predominantly low-income patients (approximately 90%). However, standard-of-care chemo-immunotherapy remains critically out of reach. With less than a 5% approval rate for government assistance (PM fund) and a heavy reliance on off-label, low-dose alternatives (e.g., 40mg nivolumab), systemic financial toxicity is evident. Even the 10% capable of pursuing Patient Access Programs (PAPs) or insurance face severe bottlenecks. The objective is to dismantle these financial barriers by proposing actionable frameworks involving pharmaceutical partnerships, robust advocacy, and policy reforms to ensure equitable access to life-saving immunotherapy.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

To bridge the stark affordability gap witnessed at centres like ours where even healthcare professionals would struggle to afford modern treatments multi-pronged solution integrating pharmaceutical collaboration, policy reform, and grassroots advocacy is required, addressing the specific challenges.

1. Collaborative Pricing and Expanded Access Programs

Currently, Patient Access Programs (PAPs) like the KIRAN program serve only a fraction of the 10% of patients who can afford to navigate them. The remaining 90% are left depending on underfunded schemes or stop-gap measures. Pharmaceutical companies must collaborate directly with high-volume public healthcare providers and the government to implement tiered, volume-based pricing models. By guaranteeing a high volume of procurement from centres seeing thousands of patients annually, governments can negotiate drastically reduced unit prices. Furthermore, companies should expand PAPs by adopting broader compassionate use frameworks, modelled on successful global HIV/AIDS drug access initiatives, to provide means-tested subsidies.

2. Legislative Reform and Guaranteed Healthcare Financing

The current reliance on the PM fund with its bleak <5% approval rate for the 3-lakh grant is unsustainable for oncology care. Advocacy efforts led by professional oncology societies and patient groups must push for legislative changes that mandate the inclusion of essential immunotherapies in central and state government insurance schemes (e.g., Ayushman Bharat). Lobbying efforts should focus on categorizing proven immunotherapies as "Essential Medicines" to cap trade margins and enforce price controls.

3. Real-World Evidence (RWE) to Drive Policy

Providers must actively generate and publish RWE on the efficacy of cost-saving protocols, such as the low-dose nivolumab (40mg @ Rs 13,000) regimens currently utilized out of necessity. Presenting robust clinical data to legislative bodies and pharmaceutical stakeholders can formally validate and standardize economical dosages. This evidence-based advocacy is crucial to driving systemic policy shifts, ensuring immunotherapy ceases to be an unattainable luxury.

Full Name:
Monish Balaji S

Name of the Institution:
Kilpauk Medical College, Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Towards accessible and affordable Immunotherapy for all

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

1. Global Patient Assistance Programs (PAP) as Models

- Patient-support programs offering copay assistance, free-drug access, and treatment navigation improve affordability and continuity of care.
- Government-funded schemes and national cancer relief funds reduce catastrophic out-of-pocket expenditure.
- Compassionate-use and early-access programs allow patients to receive immunotherapy before full market approval.
- Tiered pricing models used in vaccines and HIV programs demonstrate how differential pricing can expand access in LMICs without undermining innovation.
- International biosimilar frameworks and pooled procurement models further reduce long-term oncology drug costs.

2. Collaboration Between Pharmaceutical Companies, Healthcare Providers, and Governments

- Pharmaceutical companies can implement tiered pricing, voluntary licensing, and biosimilar partnerships to reduce immunotherapy costs globally.
- Value-based pricing models can link payment to real-world patient outcomes rather than fixed high costs.
- Governments can expand universal health coverage, include immunotherapy in essential cancer care packages, and negotiate bulk purchasing agreements.
- Healthcare providers can establish financial-navigation systems to connect patients with subsidies, insurance, and assistance programs.
- Public-private partnerships can support local biologics manufacturing and reduce import dependency in LMICs.
- Real-world evidence and AI-driven dosing optimization can reduce overtreatment and unnecessary expenditure.
- Risk-sharing agreements between payers and companies can distribute cost burden when therapies are ineffective.

3. Advocacy Efforts to Improve Affordable Access

- Patient advocacy groups can push for insurance parity laws and price transparency regulations for oncology drugs.
- Civil society organizations can promote compulsory licensing and faster approval pathways for biosimilars.
- Inclusion of immunotherapy in the WHO essential medicines framework can strengthen global policy pressure.
- Oncology societies can standardize treatment guidelines to prevent unnecessary overuse of high-cost therapies.
- Advocacy for LMIC inclusion in clinical trials ensures earlier access, better representation, and stronger local research capacity.
- Global coalitions of NGOs, clinicians, and survivor networks can push governments to treat immunotherapy as essential care rather than a luxury.

Full Name:
Dr. Chilamkurty Maitreyi

Name of the Institution:
Stanley Medical College, Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Problem statement: Many clinically eligible cancer patients are denied immunotherapy because treatment costs are unaffordable and public reimbursement pathways are limited or absent. Out of pocket costs are catastrophic and available support mechanisms remain fragmented. Even when funding opportunities exist through CSR, NGO, Pharma assistance, hospital welfare schemes, patients often miss access because there is no structured access system, so that deserving cases are lost in administrative delays or treatment abandonment. The result is delayed and inequitable cancer care where treatment depends on affordability not eligibility.
objective: To Establish a low-cost immunotherapy access governance platform using existing staff with minimal recruitment that rapidly identifies high benefit financially vulnerable patients activates multisource funding that converts fragmented support into sustainable and measurable equitable cancer access.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Solution: IMPACT ACCESS Model platform-Immunotherapy Patient Access Committee for Treatment And Collaborative Cancer Equity, and Sustainable Support.
1.Setting up A weekly 20 min hospital Immunotherapy access board using existing staff:
Medical oncologist, Nurse, Social Worker, coordinator, Pathologist, Pharma Patient support association(virtual) funding.
work flow- Oncologist identifies eligible patient using IMPACT ACCESS Scorecard (Transparent Triage tool) -Each patient scored on- Diagnosis, stage, Biomarker benefit (PDL1, MSI-H, Melanoma, Hodgkins lymphoma etc.,), Performance status, prior treatment, steroid use, affordability assessment, income proof.
committee categorizes:
category A: Immediate Access-high benefit patients-PDL1 high NSCLC, MSI-H cancers, Melanoma, Hodgkins Lymphoma-Fast Track funding
category B: Alternative treatment-If immunotherapy benefit uncertain-redirect to Low-cost evidence based treatment.
category C: Deferred pending funding-potential candidates needing sponsorship.
2.Multisource funding pathways: - committee directly routes patients to-Pharma compassionate access desk/pharma starter cycle, CSR corporate sponsorship, NGO grants, Hospital indigent fund, Verified crowdfunding.
funding activation--> pathway 1 -pharma patient assistance--first 2 cycles supported, pathway 2-Local CSR donor trust-continuation sponsorship, pathway 3: Hospital Indigent fund-diagnostics and infusion support.
3. Measurable Key performance Indicators (KPI)indicators: Track-Time to treatment Initiation (TTI-Target <7 days), Treatment abandonment Reduction, Number of Poor patients treated, funds mobilized per patient, Approval turnaround time, clinical outcomes, continuing treatment at 6 months.
4.sustainable support: Real world outcome data used to advocate future state reimbursement inclusion, biosimilar adoption and reforming policies.

Case Example: MR. R, a 58-year-old daily wage worker from rural area with metastatic NSCLC with PDL1 high was denied pembrolizumab because state insurance did not cover immunotherapy and his monthly income is Rupees 8000/- made treatment impossible.
Through IMPACT ACCESS EXISTING existing hospital staff used a rapid access scorecard to identify him as a high benefit candidate triggering a 15-minute MDT review. within days, pharma starter support covered initial cycles of pembrolizumab, CSR funding enabled continuation and the hospital welfare fund supported diagnostics and infusion care. Instead of treatment abandonment, evidence-based immunotherapy began within 7 days transforming financial exclusion into equitable cancer access.

Full Name:
Dr Mohamed Thanish

Name of the Institution:
Stanley Medical College, Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To build a clinically rational, prioritized access framework for immunotherapy in India that directs finite national resources toward indications where ICI delivers the greatest absolute benefit, specifically curative intent settings, while simultaneously creating a regulatory and manufacturing pathway for indigenous ICI biosimilars to sustainably reduce costs across all indications over time.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
The reason immunotherapy is inaccessible in India is not simply that it is expensive. It is that we are spending what little we have in the wrong places. Pembrolizumab in an unselected PD-L1-low second-line metastatic setting, where the absolute survival benefit is measured in weeks, is not the same clinical proposition as pembrolizumab after resected high-risk melanoma, where five-year relapse free survival improves by nearly 20%. We are treating both as equivalent funding problems but actually they are not.
The first proposal is a national ICI prioritization framework, co-developed by NCG and ICMR, that stratifies immunotherapy indications by magnitude of clinical benefit using the ESMO Magnitude of Clinical Benefit Scale. High benefit curative or near curative indications like adjuvant and metastatic ICI in melanoma, On Oncogene addicted Metastatic and non-metastatic NSCLC, neoadjuvant pembrolizumab in TNBC, Hodgkin lymphoma salvage setting, adjuvant and metastatic RCC and bladder cancer, should receive priority coverage under Ayushman Bharat. Low benefit palliative indications remain out of pocket until the cost curve changes. This is not rationing. It is clinical ethics.
The second proposal addresses the long-term cost problem. India has the pharmaceutical manufacturing capacity to produce ICI biosimilars. What it lacks is a dedicated DCGI regulatory pathway for complex monoclonal antibody biologics. The anti-VEGF biosimilar precedent demonstrates this is achievable. Voluntary licensing negotiations with BMS and MSD for nivolumab and pembrolizumab, modelled on the HIV Medicines Patent Pool, should begin now given that primary patents expire between 2028 and 2032. Subcutaneous formulations of pembrolizumab and atezolizumab, both now approved internationally, reduce infusion chair time and drug wastage and should be adopted as the default formulation wherever available.

The third proposal confronts dosing. PD-1 receptor occupancy on T cells reaches near-saturation at doses significantly below approved standard flat doses. KEYNOTE-001 dose-escalation data showed no convincing efficacy difference between pembrolizumab 1 mg/kg and 10 mg/kg. The approved 200 mg flat dose was established for regulatory convenience, not pharmacological necessity. Indian patients, with a lower mean body weight than Western trial populations, may achieve equivalent receptor occupancy at lower absolute doses. In indications with a strongly immunogenic substrate classical Hodgkin lymphoma with its near universal PD-L1 overexpressing Reed Sternberg cells, and MSI-H tumours with high mutational burden and pre-existing TIL infiltration the case for prospective low dose trials within the NCG network is scientifically sound and potentially practice changing. A pembrolizumab 100 mg versus 200 mg non-inferiority trial in CHL and MSI-H colorectal cancer, with PD-1 receptor occupancy as a co-primary endpoint, would cost a fraction of standard trials and could halve drug costs in those indications if non-inferiority is demonstrated.

Full Name:
Veena P S

Name of the Institution:
Tirunelveli medical college, Tirunelveli

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To enhance the affordability and accessibility of immunotherapy, we can incorporate it in various international guidelines, include in insurance schemes, trials in government settings, can introduce biosimilars.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Immunotherapy improves the quality of life and improves the disease control in many solid malignancies. But the cost and affordability lead to its underutilisation especially in the resource limited setting. We can adopt techniques used for various other patient access programs like Sanofi rare humanitarian program which offers free lifesaving therapies for thousands of underprivileged people for metabolic disorders, Novo Nordisk changing diabetes in children which provides free medicines, monitoring equipment and specialised health care infra-structure for children. Various methods to increase the accessibility and affordability of immunotherapy includes

- We can offer screening strategies and comprehensive work up of cancers under subsidised and free schemes and make more people eligible for immunotherapy. By including these people in various phases of clinical trials, the improvement in survival and quality of life can be shown and hence can argue for the inclusion of these drugs under insurances schemes.
- We can reduce the cost and accessibility further by the introduction of various biosimilars with equal quality and promoting their trials in government institutions.
- We can accelerate the approval process of the various immunotherapy drugs by drug control bodies and international guidelines.
- We can introduce centralised tenders and reduce the procurement cost.
- We can advocate to the government for price regulation.
- We can increase the awareness by media coverage and campaign with survivors.
- We can decrease the cost of production by promoting research and reduced labour.

Full Name:
Jarfin I M

Name of the Institution:
Gleneagles Health City, Chennai

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To make immunotherapy accessible to the right patients without turning hope into financial catastrophe.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Immunotherapy has changed outcomes in lung cancer, melanoma, renal cancer, bladder cancer, head-neck cancer, MSI-H tumours and others. But in India, the main barriers are cost, biomarker testing, repeated dosing, toxicity management and uncertainty of benefit in some patients. Access must therefore be selective, evidence-based and financially responsible.
Global models such as patient-assistance programs, outcome-based reimbursement and capped-cost treatment models can guide oncology access. In Tamil Nadu, immunotherapy should be prioritized where benefit is strongest: curative-intent settings, high PD-L1/MSI-H disease, and cancers with clear survival advantage.
Pharma, including Roche, can work with government and hospitals through transparent pricing, patient-support programs, free-drug continuation models, affordable biomarker testing, toxicity-management education and real-world outcome registries.
Government systems like CMCHIS can consider coverage for high-value indications based on health-technology assessment. Public hospitals should develop immunotherapy protocols, immune-toxicity pathways and referral systems so complications are recognized early.
Advocacy must come from oncologists, patients, survivors and civil society together. The message should not be “give every new drug to everyone”, but “fund treatments where science shows meaningful benefit.” Policy change should support essential biomarker testing, negotiated pricing, clinical trials, biosimilars where appropriate and compassionate access.
The goal is not simply to give immunotherapy—it is to give it wisely, safely and fairly.

Full Name:
Rishabh Mahajan

Name of the Institution:
SAIMS, Indore

State:
Madhya Pradesh

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To improve the accessibility and affordability of immunotherapy in oncology through collaborative efforts between governments, pharmaceutical companies, healthcare providers, and patient advocacy groups. The primary objective is to reduce treatment costs, expand insurance coverage, promote biosimilar development, and ensure that eligible cancer patients, especially in low- and middle-income countries, can access life-saving immunotherapy in a timely and sustainable manner.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Improving access to immunotherapy requires a realistic multi-level strategy involving healthcare systems, governments, pharmaceutical companies, and advocacy organizations. One effective model can be adapted from global HIV and vaccine access programs, where bulk procurement, tiered pricing, and public-private partnerships successfully reduced treatment costs and improved availability.
Pharmaceutical companies can introduce differential pricing, where low- and middle-income countries receive immunotherapy drugs at reduced prices. Governments can negotiate bulk purchasing agreements and include selected immunotherapy drugs under national insurance schemes to reduce out-of-pocket expenditure for patients. Encouraging biosimilar production through simplified regulatory approval and local manufacturing incentives can further decrease treatment costs over time.
Another important step is biomarker-based patient selection using markers such as PD-L1 and MSI status, ensuring that immunotherapy is offered to patients most likely to benefit, thereby improving cost-effectiveness. Clinical trials evaluating shorter treatment durations and optimized dosing schedules can also reduce financial burden without compromising outcomes.
Healthcare infrastructure should be strengthened by expanding oncology centers, infusion facilities, tele-oncology services, and rural outreach programs. In parallel, patient advocacy groups and oncology societies should push for legislative reforms including faster biosimilar approvals, reduced taxes on cancer medicines, price transparency policies, and expanded reimbursement coverage.
Together, these measures can create a sustainable and equitable immunotherapy access model that improves cancer care outcomes globally.

Full Name:
Dr Apoorva Vijayan

Name of the Institution:
Malabar Cancer centre. Thalassery

State:
Kerala

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Accessibility

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
If there are more bio similar products which are affordable can be a solution for the problem.

Full Name:
Livin T

Name of the Institution:
Madurai Medical College, Kanyakumari

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
We shouldn't just expect drug manufacturers to slash prices out of pure charity. Regional health systems and state governments have to actively drag pharma to the negotiating table to lock down strict risk-sharing agreements.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Trying to get a patient onto a checkpoint inhibitor right now is honestly pretty heartbreaking. We see these incredible survival benefits in the latest global trial data. But actually getting those vials delivered to an outpatient clinic here in Tamil Nadu is almost impossible for the average family. The financial barrier is just totally insane. We could look at how international access initiatives successfully managed the global rollout of Hepatitis C antivirals through generic licensing as a decent blueprint. But replicating that for complex biologics in oncology is a completely different beast than mass-producing a simple small-molecule pill.
And we shouldn't just expect drug manufacturers to slash prices out of pure charity. Regional health systems and state governments have to actively drag pharma to the negotiating table to lock down strict risk-sharing agreements. For instance, if we deliver an expensive neoadjuvant immunotherapy round and the tumor doesn't actually downstage enough for us to achieve a clean surgical resection in the OR, the hospital shouldn't be stuck paying the full premium price. Tiered pricing models that actually respect the local economy are the only way these therapies ever get utilized outside of high-end corporate hospitals.
But changing the status quo requires us to be way more aggressive with our advocacy. As clinicians, we have to stop just shrugging our shoulders when a family can't afford standard care. We need to weaponize objective frameworks like the ESMO Magnitude of Clinical Benefit Scale. By presenting policymakers with hard data showing exactly which immunotherapies offer genuine, long-term survival rather than just marginal gains, we can lobby for state insurance funds to mandate coverage for those specific high-value agents. And backing local patient groups to demand price transparency puts the exact kind of public pressure on lawmakers that forces real legislative change. Otherwise, these massive medical breakthroughs remain a luxury for the ultra-rich.

Full Name:
Rishika Goyal

Name of the Institution:
Kidwai Memorial Institute of Oncology, Bengaluru

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The main goal is to aim is to lessen the financial burden associated with immunotherapy and foster a collaborative risk sharing model that aligns with the interest of patients, health care providers and payers care through rational use of diagnostics, financial counselling, and resource-adapted pathways.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Existing Gap

The accessibility of immunotherapy in India is largely restricted despite it offers significant improvement in outcomes. Current steps taken in this regard only focus on lowering of drug prices but do not address uncertainty related to treatment duration and response.

Solution Offered:

Response-Linked Immunotherapy Access Model

I propose a Response-Linked Immunotherapy Access Model (RIAM) that emphasizes more on risk-sharing on uncertainty over drug pricing and subsidization

Here in the induction phase where set number of cycles are included will be paid by the patient with a clearly defined financial capping

Later overall clinical response is evaluated using standardized criteria and biomarkers.

If patient shows good clinical response, then he moves into a continuation phase, where costing is supported by various outcome-linked agreements that involves patient assistance initiatives, government programs, insurance companies and pharmaceutical companies.

This model converts immunotherapy from an indefinite financial burden into a structured and predictable treatment pathway

Alongside National Immunotherapy Outcomes Registry should maintain not only overall real-world treatment responses but also should maintain value-based pricing that further helps in improving the patient selection, and future reimbursement discussions.

This model addresses major issue of financial uncertainty rather than simply giving subsidizing costs, thereby culminating in reduction of treatment discontinuation and broaden access for a larger group of eligible cancer patients.

Full Name:
Devarakonda Srujana

Name of the Institution:
Kidwai Memorial Institute of Oncology, Bengaluru

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Resources spent on expensive therapies with modest benefits can divert funding away from highly cost-effective interventions such as vaccination programs, cancer screening, pathology services, and radiotherapy. Economic analyses from countries such as Thailand and Italy have demonstrated that investing heavily in costly cancer drugs can produce fewer overall health gains than allocating the same resources to preventive or population-based interventions.

These challenges are particularly severe in LMICs such as India, where most cancer care expenses are paid out-of-pocket.

GLOBAL PAPs:

The Glivec International Patient Assistance Program (GIPAP), a direct-to-patient initiative by Novartis and The Max Foundation, delivered free imatinib to over 63,000 leukemia patients in 93 LMICs, including India.

Gilead's voluntary licensing of Hepatitis C antivirals like sofosbuvir to Indian generic manufacturers dropped costs by 75%. (1)

Both models demonstrate how structured donation and intellectual property pooling can bypass high oncology costs. Access to Oncology Medicines (ATOM) Coalition began replicating these voluntary licensing models for patented cancer drugs like nilotinib.(2)

Objective: Identify eligible patients through indication, biomarker status, performance status and expected clinical benefit. Provide financial navigation by screening for income, insurance, government schemes, charity support. Create an access-matching plan with government reimbursement, subsidies, copays, free drugs, or charity-linked funding before treatment starts. Ensure treatment continuity by confirming how many cycles are covered by insurance to avoid early discontinuation after 1-2 cycles. Build policy partnership and evidence through company-government-hospital collaboration, negotiated pricing, biomarker support, real-world outcome registry and advocacy for reimbursement expansion.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

AFFORDABILITY SOLUTIONS:

1. Rational "Low-Dose" Dosing Protocols

The Tata Memorial Centre DELII Trial Phase III revealed that using an ultra-low-dose nivolumab regimen with standard chemotherapy not only boosted overall survival in advanced solid tumors but also preserved quality of life. Remarkably, this approach slashed treatment costs by 91% to 95%. This strategy could be considered in situations where patients are unable or unwilling to pursue full-dose regimens.

2. Promoting Domestic Biosimilar Innovation

I have seen a significant increase in affordability and use of Zydus Lifesciences' Nivolumab (branded as Tishtha), especially among H&N cancer patients.

3. Strict Trade Margin Rationalisation (TMR)

The NPPA pilot, which capped trade margins at 30% for certain cancer drugs, proved that runaway markups sometimes as high as 90% can be reined in.

4. Lower taxes and customs duty support for immunotherapy drugs

5. Outcome-based support:

if a patient does not experience at least a partial response, the pharmaceutical company can offer continued reimbursement only for patients showing clinical benefit, and a refund or additional treatment cycles at no cost for non-responders or early progressors.

6. Global access programs

Programs such as Novartis Oncology Access, Genentech/Roche Access Solutions, and Roche's Blue Tree Program have laid the groundwork by offering free or subsidised medications and patient services. By creating a dedicated immunotherapy access pathway inspired by these models, we can make treatment more affordable and empower patients to finish their therapy.

7. Focusing on high-benefit, biomarker-selected groups

In India, out of the most common cancers, the best immunotherapy targets are PD-L1 high lung cancer, recurrent/metastatic head and neck cancer, cervical cancer, MSI-H/dMMR colorectal or gastric cancers, and selected triple-negative breast cancer.

Therefore, the assistance program should not provide ICI to all cancers but should focus on high-benefit, biomarker-selected groups, thereby improving cost-effectiveness and ensuring that limited support reaches patients most likely to respond.

8. Structured pathway of support:

Automatic financial screening at prescription stage, income-based patient assistance, free or subsidized induction cycles for low-income patients, continuation support for responders, digital tracking through apps, counselling support for treatment adherence and toxicity management to avoid treatment discontinuation.

9. Reduce administration burden with subcutaneous immunotherapy

Roche has recently launched subcutaneous atezolizumab/Tecentriq in India, which can be administered in around 7 minutes compared with longer IV infusions, which reduce chair time, hospital congestion, indirect costs, travel burden and caregiver time loss.

ACCESSIBILITY SOLUTIONS:
1. Expanding Universal Health Coverage (PM-JAY & State Schemes)
2. Early Detection and "Door-to-Door" Screening Programs
Immunotherapy and targeted agents are far more effective and cost-efficient when administered in early-stage disease rather than as late-stage palliative measures. Models like the Karnataka "Gruha Arogya" Model by door-to-door screening of over 40 lakh rural citizens for the three most common cancers (oral, breast, and cervical) can be implemented
3. National Cancer Grid (NCG) Model: negotiates directly with manufacturers for bulk strategic purchasing
4. Bringing Diagnostics Closer: "Hub-and-Spoke" Diagnostic Networks
Patients cannot receive immunotherapy without accurate biomarker testing (PD-L1 expression, MSI-H, or dMMR status). We must replicate models like the pathology laboratory network in Jharkhand, where 25 state-of-the-art diagnostic "hubs" were developed within existing public health systems to service rural "spoke" clinics.
5. Standardizing NGO-Led Patient Navigational Support
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Full Name:
Rahul Kumar

Name of the Institution:
Rajiv Gandhi Cancer Institute and Research Centre (RGCI&RC).

State:
Delhi

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Affordable immunotherapy

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Like in transplant cases we can use crowd funding and govt aid to help economically challenged patient.

Full Name:
Shibu V Ignatious

Name of the Institution:
Regional Cancer Centre, Thiruvanathapuram

State:
Kerala

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The primary objective of this solution is to reduce the access and affordability barriers of immunotherapy drugs for cancer patients in India

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):
Immunotherapy has changed the treatment landscape in oncology, but in India its benefit is limited to a small proportion of patients because of accessibility and affordability constraints. The biomarker testing, cost of the drug itself, and limited insurance coverage makes it difficult for most patients. Current data show that only 15-20% of eligible patients in India receive immunotherapy.
A practical Indian model would be to create a "National Immunotherapy Access Pathway" that works like a public health programme. First, we need drug companies to agree on indication based tiered pricing and limited period price caps for immunotherapy drugs, especially for high burden cancers. Second, central and state government should negotiate pooled procurements and clearly define indications under PM-JAY and state cancer packages. Third, collaborate with organizations such as Medicines Patent Pool for voluntary licensing of immunotherapy drugs to biosimilar manufacturers in India. Fourth, hospitals should use hub and spoke model to connect rural centres with tertiary oncology centres for biomarker testing, treatment planning and management of adverse effects. A similar model has worked in HIV and hepatitis C, where early government-pharma coordination, pooled buying, and voluntary licensing helped to bring down costs and improve access to treatment. The same approach can be tried for immunotherapy also. Oncology groups should advocate for including biomarker testing in insurance packages, to cap patient costs while procuring immunotherapy drugs and for faster approvals.
Another practical approach with the rising interest in low dose immunotherapy is to encourage investigator initiated large multi-centre randomized trials to study their benefits in Indian population. This could drastically improve access and cost constraints without compromising effectiveness.

Full Name:
Dr. Chirag Gajera

Name of the Institution:
JNMC, Belagavi

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To develop sustainable strategies that improve global accessibility and affordability of immunotherapy by reducing financial barriers, strengthening healthcare partnerships, and ensuring equitable availability of life-saving cancer treatments.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Improving access to immunotherapy requires collaboration between pharmaceutical companies, healthcare providers, governments, and patient advocacy groups. Successful patient access programs from other therapies can serve as models. Examples include patient assistance programs, compassionate use programs, and differential pricing strategies used for antiretroviral therapy, hepatitis C antivirals, and rare disease treatments. These approaches can be adapted for oncology immunotherapies through income-based support, donation programs, and expanded access initiatives.

Pharmaceutical companies can work with healthcare systems through value-based pricing models, where treatment costs are linked to clinical outcomes. They can establish partnerships with governments to support reimbursement reforms, negotiate fair pricing agreements, and promote local manufacturing or technology transfer to reduce production costs. Healthcare providers can contribute by developing evidence-based treatment guidelines, identifying eligible patients, and implementing cost-effective immunotherapy selection using biomarkers to avoid unnecessary treatment.

Governments can improve affordability by including essential immunotherapies in national cancer control programs, strengthening insurance coverage, and encouraging competition through biosimilar development. Health technology assessments (HTA) can help evaluate clinical benefit and cost-effectiveness for reimbursement decisions.

Advocacy efforts by cancer organizations, patient groups, and professional societies can promote policy changes through awareness campaigns, stakeholder discussions, and legislative initiatives. Key priorities include transparency in drug pricing, expansion of insurance coverage, funding for cancer care infrastructure, and reducing disparities between high-income and low-income regions.

A coordinated global approach can ensure that immunotherapy reaches eligible patients while maintaining healthcare system sustainability.