Title:
Accessibility and affordability of immunotherapy in oncology care

Full Name:
Bala Manikandan

Name of the Institution:
GKNM Hospitals

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
My primary objective would be to find ways for immunotherapy be more accessible and affordable in Indian population.

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.):

How pharma companies can collaborate with health care providers

1. Collaborative Research & Development (R&D) and Innovation
Conducting joint clinical trials from Indian research institutes
Accelerate production of generics e.g., Biocon™ trastuzumab, bevacizumab biosimilar
2. Tiered Pricing and Value-Based Agreements
Implement differential pricing models (e.g., Roche™ tiered pricing for countries like India)
3. Regulatory and Policy Alignment
Streamline CDSCO processes for biosimilars and immunotherapies
Governments negotiate bulk pricing via centralized tenders
4. Capacity Building and Awareness
Pharma-sponsored workshops to upskill oncologists in immunotherapy protocols.
5. Patient Support Programs
Co-Pay Models: Pharma-funded subsidies (e.g., Novartis™ Gleevec program) for low-income patients.
6. Digital Health Integration
Partner with startups like Practo or Tata Health to connect rural patients
7. Advocacy and Multistakeholder Coalitions
Establish a coalition of pharma, providers, and policymakers to align goals

Advocacy Efforts to Drive Legislative Changes for Affordable Immunotherapy Access in India

1. Policy Research
Publish studies highlighting the cost-saving benefits of immunotherapy e.g NVALT-30 trial of low dose pembrolizumab
2. Lobbying for Legislative Reforms
Advocate for inclusion of immunotherapies in the National List of Essential Medicines (NLEM) to enable price capping.
3. Media and Public Awareness Campaigns
Partner with public figures (e.g., Yuvaraj Singh a cancer survivor) to spotlight the issue.
4. Judicial Advocacy
File Public Interest Litigation to hold governments accountable for failing to regulate drug prices or access. E.g. Novartis AG v. Union of India (2013), which upheld India's patent laws favoring affordability.
5. International Collaboration and Pressure
Partner with organizations like WHO or MSF to highlight India's access challenges.

Full Name:
Beulah Elizabeth Koshy

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):
Immunotherapy's pricing and accessibility in oncology care are important considerations that affect cancer patients' access to this cutting-edge treatment. Although immunotherapy has shown great promise in treating a variety of cancers, many people may find it difficult to afford and obtain.

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)

Gilead Advancing Access Program (HIV, Hepatitis)

1. Operates forward-thinking antiviral drug programs in low-income countries that require no payment or are heavily subsidized (low-cost). Novartis GIPAP (Glivec International Patient Assistance Program) (Chronic Myeloid Leukemia - CML)
2. Donates free imatinib to patients in low-income countries. Bristol-Myers Squibb Access to Medicines Program (HIV, Cardiovascular, Cancer)
3. Teaming up with the government and NGOs to cut off the unsecured economics of medicine.
Merck™ MSD Patient Assistance Program (Diabetes, Oncology)
4. Most eligible patients can save on (pembrolizumab) due to the provision of a checkpoint inhibitor drug. India's Ayushman Bharat Scheme (General Healthcare)
5. It takes the financial burden off the patients of government hospitals to the extent of covering the cancer treatment involved.

B)

1. Enhance the prices for the low-income area's installment, design efficient production models, and introduce biosimilars to the consumers.
2. Collaborate with the governments and insurance carriers to offer connected immunotherapy insurance, including working together on the purchase of immunotherapeutic drugs (the so-called bulk purchase for public hospitals) and other national health schemes (Ayushman Bharat).
3. Take the initiative to bring forth public-private healthcare partnerships through well-coordinated, disease-specific cancer hospitals and non-governmental organizations, which will result in the development of treatment infrastructure and the support of initiatives that widen the ability to reach patients, for example, telemedicine and oncologist training programs, to increase access to treatments.
4. Engage in the initiatives and compassionate use programs aimed at increasing the number of low-income patients able to attain free or reduced prescription drugs and set up share-cost methods (e.g., staggered payments, partial subsidies).
5. Offset imports costs by opening domestic drug manufacturing companies in India in the meantime sending the collected funds to pay for clinical studies that attack the cancer specific to the Indian population.

C)
1. Policy & Legislative Push: Encourage administration's support for insurance coverage, tax breaks, and price regulation.
2. Public Awareness and Community-Based Initiatives Utilize social media, advocacy organizations, and petitions to demand inclusive access to cancer treatment.
3. Industry and Pharma Cooperation: Manufacturers need to establish the availability of domestic drugs and share their facilities with research centers while stresses the public procurement of drugs as a means to lower the prices.
4. Changes in Insurance and Regulations Companies can lower costs by ramping up the production of biosimilars and enforcing extended insurance plans.
5. Global Best Practices The new system which refers to social insurance including health insurance and maternity insurance as a new monarchy, will enable the pricing of tax funds in the UAE and among the UK NHS and WHO projects through the government.

References:
1. India's Biocon urges government to exempt cancer, rare-disease drugs from tax in budget | Reuters https://www.reuters.com/world/india/indias-biocon-urges-government-exempt-cancer-rare-disease-drugs-tax-budget
2. Striking a Balance: The Affordability of Cancer Care in India Lenus Oncology https://lenusoncology.com/striking-a-balance-the-affordability-of-cancer-care-in-india/
3. Petition Â· Make Cancer Treatment Affordable for All; Reduce Price of Immunotherapy Drug Keytruda - India Â· Change.org https://www.change.org/p/make-cancer-treatment-affordable-for-all-reduce-price-of immunotherapy-drug-keytruda
4. Promoting Affordable Cancer Treatment in India https://vajiramandravi.com/upsc-daily-current-affairs/mains-articles/promoting-affordable-cancer-treatment-in-india/

Full Name:
Kartik Gajanan Asutkar

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):
To democratize access to immunotherapy in oncology by ensuring it is affordable, equitable, and sustainable for all patients, regardless of socioeconomic or geographic barriers.
Aims:
1. Reduce Costs:
a) Implement tiered pricing, local manufacturing, and bulk procurement to lower drug prices by 50%-80%.
2. Expand Access:
a) Prioritize underserved populations (rural, low-income) via telemedicine hubs, subsidized programs, and simplified dosing protocols.
3. Drive Systemic Policy Change:
a) Advocate for legislation (e.g., price caps, compulsory licensing) and classification of immunotherapies as ‘essential medicines’ under WHO guidelines.
4. Foster Collaboration:
a) Build partnerships between pharma, governments, and NGOs to create scalable, cost-effective delivery models (e.g., outcome-based contracts).
5. Ensure Equity:

a) Address genetic, cultural, and infrastructural barriers through tailored solutions (e.g., India-specific biomarker studies, mobile diagnostics).
Impact:
Transform immunotherapy from a high-cost, niche treatment into a widely accessible standard of care, improving survival and quality of life for cancer patients globally.

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.):

Global Patient Access Programs as Models

1. Novartis™ Glivec International Patient Assistance Program: Provides free imatinib to eligible patients in LMICs. Applicability: Tiered pricing for CAR-T therapies.
2. Medicines Patent Pool (MPP): Used for HIV/AIDS therapies, negotiates voluntary licenses to produce generics in low-income countries. Applicability: Could expand to immunotherapy patents (e.g., pembrolizumab).
3. Gavi™ Vaccine Access Model: Subsidizes vaccines for LMICs via donor-funded advance market commitments. Applicability: Pre-negotiated pricing for checkpoint inhibitors.

Pharma-Government-Provider Collaboration Pathways

1. Tiered Pricing:
a) Price drugs based on a country™ GDP (e.g., Roche™ tiered pricing for rituximab in India).
2. Local Manufacturing Partnerships:
a) Transfer technology to LMIC manufacturers (e.g., BioMérieux HPV test partnerships).
b) Reduce costs via economies of scale (e.g., Cipla™ generic pembrolizumab in Africa).
3. Outcome-Based Contracts:
a) Pay for performance (e.g., only pay if immunotherapy achieves 6-month PFS).
4. Bulk Procurement Agreements:
a) Governments/NGOs (e.g., National Health Mission India) negotiate lower prices for volume purchases.
5. R&D Incentives:
a) Tax breaks for trials in LMICs or trials testing cost-reduction strategies (e.g., shorter dosing schedules).

Advocacy Efforts for Legislative Change

1. Patient Advocacy Groups:
a) Campaigns to classify immunotherapy as ‘essential medicines’ (WHO EML) to mandate price caps.
b) Lobby for compulsory licensing (e.g., Thailand’s precedent with HIV drugs).
2. Policy Reform:
a) Push for laws capping drug price increases (e.g., U.S. Inflation Reduction Act).
b) Mandate transparency in R&D costs to justify pricing.
3. Grassroots Mobilization:
a) Social media campaigns (#FairPricingForImmunotherapy) to pressure policymakers.
b) Partner with celebrities/public figures (e.g., Angelina Jolie’s cancer advocacy).
4. International Coalitions:
a) Align with WHO’s Cancer Initiative or UN’s NCD targets to prioritize immunotherapy access.
b) Form LMIC alliances (e.g., African Union) for collective bargaining.

Full Name:
Soumya BM

Name of the Institution:
Manipal Hospitals Bengaluru

State:
Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
By working together, stakeholders can shift immunotherapy from an elite option to a realistic, life-saving choice for all cancer patients—regardless of income or geography.

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 game in cancer treatment, offering hope where few options existed before. But for many patients—especially in countries like India—the cost makes it feel out of reach. A single dose can run into lakhs of rupees, and not all insurance plans cover it. Making immunotherapy more accessible and affordable requires collaboration between pharmaceutical companies, healthcare providers, governments, and patient advocates. Pharma companies can play a big role by introducing tiered pricing—offering drugs at lower costs in low- and middle-income countries. They can also partner with local manufacturers to develop biosimilars, which are more affordable versions of original immunotherapy drugs. Companies like Novartis have already done this for other therapies, like imatinib, through access programs that can serve as models. Governments can step in by including immunotherapy in public health schemes like Ayushman Bharat, negotiating bulk prices, and subsidizing treatment at public hospitals. Healthcare providers can support this by identifying patients who would benefit most and helping with documentation for financial aid programs. Advocacy is equally important. Patient groups can raise awareness about the benefits of immunotherapy and lobby for policy changes that support broader access. This includes pushing for faster approvals of biosimilars, price controls, and greater funding for public cancer programs. Together, these efforts can help ensure that immunotherapy isn't just a breakthrough for the few—it becomes a lifeline for many, giving every patient a fair shot at a better outcome.

Full Name:
Vishwanath M

Name of the Institution:
Madras Medical College

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To dismantle the invisible wall between medical miracles and those who need them most. This proposal seeks to explore and architect sustainable, inclusive strategies that make immunotherapy not a luxury for the few, but a lifeline for the many. With cancer casting its shadow across every geography and income level, the objective is clear yet profound: to transform immunotherapy from a cutting-edge privilege into an everyday promise. Through a blend of policy innovation, strategic partnerships, and compassionate economics, this work aims to forge new pathways that connect pharmaceutical brilliance with public health necessity. By learning from successful global access models and rallying the collective will of governments, industries, and civil voices, we envision a future where the cost of

survival doesn't come at the price of dignity. This is not just a study. It is a declaration. A declaration that every breath spared by science must be shared by all humanity.

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 democratize immunotherapy, we must reimagine not just how it's made—but how it's shared.

1. Tiered Innovation, Tiered Pricing: Immunotherapy must adopt a global equity lens. Pharmaceutical companies can implement adaptive pricing models—where cost is not fixed, but flexes with national income and healthcare capacity. Innovation should remain premium, but access must be principled.
2. From Patents to Patients: Licensing agreements and collaborative manufacturing—especially for biosimilars—can reduce production costs without diluting scientific integrity. India's success with generic oncology drugs offers a compelling precedent.
3. Immunotherapy Access Funds: Inspired by the GAVI model for vaccines, global coalitions of public, private, and philanthropic entities can co-create an "Access Fund for Immunotherapy" to underwrite costs in underserved regions.
4. Embedded Access in Policy: Governments must be incentivized—and sometimes pushed—to recognize immunotherapy as essential. This includes insurance mandates, subsidies, and regulatory streamlining for fast-track approval and distribution.
5. Advocacy as Architecture: Patient groups, cancer survivors, and oncologists must evolve from storytellers into strategist lobbying for policies that don't just treat cancer but correct systemic inequities. Access is not charity; it's infrastructure. In essence, this solution is not a single path but a braided bridge—where science, policy, and humanity walk together. We're not just reducing costs, we're restoring balance. Because the future of oncology isn't only about curing cancer. It's about curing access.

Full Name:
Prabhu Pandian

Name of the Institution:
Madurai Medical College

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Broadened access to affordable and effective immunotherapy for cancer 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.):

Innovative solutions to enhance immunotherapy accessibility and affordability require a multi-pronged approach. Drawing inspiration from global patient access programs for other therapies like Hepatitis C, which utilize tiered pricing models based on a country's GDP and implemented risk-sharing agreements with governments, we can apply similar strategies to oncology. Novartis's "CAR-T for Zero" Program (USA): Income-based tiered pricing, with free doses for lowest-income patients. Gilead's Generic Licensing (South Africa): Voluntary licensing to Indian generics makers for affordable biosimilars (e.g., pembrolizumab). Pharma-Provider-Government Collaboration: A 3-Pillar Framework A. "Pay-for-Outcome" Pricing: Pharma companies charge only if immunotherapy works (e.g., payment per RECIST-confirmed response). Reduces financial risk for hospitals. B. "Make in India" Immunotherapy Hubs: Govt. partners with Indian biotech (e.g., Biocon, Dr. Reddy's) to manufacture PD-1/PD-L1 inhibitors at 1/10th cost via: Compulsory licensing for critical drugs (WTO

TRIPS flexibilities). Closed-loop supply chains: Direct hospital partnerships bypassing distributors. Patient advocacy groups should actively engage with legislators to lobby for policy changes that include increased government subsidies for immunotherapy, tax incentives for pharmaceutical companies investing in access programs, and the establishment of national cancer plans prioritizing affordable access to advanced therapies. for e.g., National Immunotherapy Fund: 1% health budget allocation (like PM-JAY), Mandatory Price Capping: Based on per-capita income (e.g., max 5x monthly wage), celebrity pledges to endorse crowdfunding.

Full Name:
Joseph Joy

Name of the Institution:
CMC, Vellore

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
The primary outcome of the proposed solution is to enhance equitable access to immunotherapy by making it more affordable and widely available, especially in low- and middle-income countries. This is achieved through: Cost-reduction strategies like tiered pricing, biosimilars, and low-dose regimens Strengthened collaborations between pharmaceutical companies, governments, and healthcare providers Expanded access programs and local research support Empowered advocacy driving policy change and awareness. Ultimately, the goal is to ensure that more cancer patients, regardless of geography or economic status, can benefit from life-saving immunotherapy 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.):
Immunotherapy has redefined cancer treatment paradigms, offering durable responses in several malignancies. Yet, its high cost and limited accessibility remain major challenges, especially in low- and middle-income countries (LMICs). Bridging this gap requires synergistic action from both clinicians and policy leaders.
Evidence from Global Health Models: Initiatives like Gavi and the Novartis Access Program highlight how innovative financing, tiered pricing, and public-private partnerships can successfully expand access to essential therapies—principles that can be adapted for oncology.
Strategic Collaboration: Policy makers must prioritize immunotherapy in national cancer plans and integrate it into health coverage schemes. Partnerships with pharma can help negotiate affordable pricing and enable local production. Oncologists play a key role by adopting biomarker-driven patient selection, enhancing the cost-effectiveness of treatment. Participating in real-world evidence generation and advocating for value-based care models further supports sustainable access.
Advocacy and Research Investment: Joint advocacy efforts can drive regulatory reforms and increase public awareness. Investment in dose optimization trials, biosimilar development, and context-specific research is critical to make immunotherapy more scalable and affordable.
Conclusion: With oncologists guiding clinical appropriateness and policy makers shaping funding and access pathways, immunotherapy can become a more equitable reality. Together, we can ensure its benefits are not limited by geography or economics.

Full Name:
Baghath Singh L A

Name of the Institution:
Madras Medical College

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Support programs and steps to improve access to immunotherapy to poor Indian 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.):
Global Access Programs for Advanced Immunotherapy Global access programs, led by pharmaceutical firms and NGOs, enhance access to advanced immunotherapy by subsidizing costs, donating drugs, or supporting trials in resource-constrained settings like India. For instance, Roche's access initiative for Tecentriq (atezolizumab) provides discounted or free doses for eligible patients with cancers like lung or bladder cancer. These programs address limited insurance coverage, offsetting 50-60% of costs for some, enabling therapies priced at ₹1-4 lakh per session. Partnerships with institutions like Tata Memorial ensure distribution to underserved groups, promoting equitable access to cutting-edge treatments. Support Programs by Immunotherapy Oncology Companies in India Companies like Roche and Bristol-Myers Squibb offer patient support in India through financial aid, co-pay assistance, and drug donation. Roche's Patient Assistance Program provides free or subsidized Herceptin for breast cancer patients after initial paid cycles, and similar support extends to Tecentriq. BMS offers nivolumab at reduced rates for lung cancer via NGO collaborations. These initiatives include counseling and follow-up, tackling India's high out-of-pocket costs (60% of healthcare expenses). Low dose immunotherapy and other innovative approaches may bring down the cost and improvements treatment. Yet, they reach only 2-3% of eligible patients due to logistical constraints and low awareness. Reducing Immunotherapy Costs in India Lowering costs involves scaling biosimilar production, using India's generic drug expertise to cut prices (e.g., biosimilar trastuzumab is 30-40% cheaper). Bulk procurement for public hospitals can secure discounts. Subsidizing NGS testing (₹50,000-₹1 lakh) ensures precise therapy, reducing wasteful spending. Public-private partnerships, like Ayushman Bharat, can cap costs. Faster regulatory approvals for biosimilars could reduce prices by 20-30%, enhancing affordability. Improving Government Participation and Legislation Government can boost access by funding oncology under CGHS, including immunotherapy. Legislation mandating insurance coverage for these drugs can ease burdens. Tax breaks on imports and incentives for local production can lower costs. National cancer registries can guide cost-effective policies. Strengthening DCGI to expedite biosimilar approvals ensures affordability for India's 1.5 lakh annual cancer patients.

Full Name:
Mohamed Aaseem Arshad VS

Name of the Institution:
Madras Medical College

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To make immunotherapy accessible and affordable.

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 first proposal is Indian government, health ministry and ICMR can promote research and development to produce indigenous immune checkpoint inhibitors just like China have done (example tislelizumab and camrelizumab). Through this 'Make in India' approach the cost can be cut down significantly and large-scale manufacturing can make immunotherapy accessible to Indians. The innovative drugs can be provided at lower costs through Ayushman Bharat scheme or state sponsored insurance like CMCHIS. For making this happen the government must incentivize and promote research and development via academic centers like IIT, NIT, TMH, ACTREC etc, establish a National Immunotherapy Research Mission. We can use the help of AI to build antibody discovery platforms and support public sector biotech institutions to help achieve this Once he have our own indigenous immune checkpoint inhibitor the government can profit by exporting them to other countries

My second proposal is making the existing ICIs accessible and affordable through:

1.Public - private partnership, pooling funds from government, NGOs and pharma companies to subsidize ICI cost
2.Tired pricing and differential pricing strategies for LMIC countries
3.Voluntary licensing for generics manufacture
4.Technology transfer to local pharma companies to reduce production costs
5.Joint venture of pharma industry with hospitals for clinical trial expansion and incentivizing clinical trials
6.Govt and NGOs to cofound patient assistance programs
7.Universal health insurance coverage for immunotherapy if it is curative like in Hodgkin's lymphoma salvage setting, adjuvant immunotherapy in melanoma, neoadjuvant ICI in lung cancer etc.
8.Advocating low dose immunotherapy in evidence-based settings like metastatic head and neck cancers, Hodgkins and cervical cancer
9.Avoiding taxation of immunotherapy drugs
10.Push for centralized purchasing programs to lower acquisition costs
11.Legislation for transparency in pricing to ensure fair pricing negotiations.

Full Name:
Gowtham Manimaran

Name of the Institution:
GSL Medical College, Rajahmundry

State:
Andhra Pradesh

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

Immunotherapy has brought major advances in cancer care, offering long-lasting responses in many cancers. But in India, cost remains a major hurdle. These treatments are not covered under most government health schemes, making them out of reach for many patients. As a result, people from lower-income backgrounds often either skip treatment or exhaust their savings, leading to poor outcomes. In some cases, doctors choose not to discuss immunotherapy at all, assuming it's unaffordable. The lack of awareness among patients only adds to the problem. Unlike other diseases like HIV or TB, where tiered pricing and access programs exist, there are no India-specific models to make drugs like Pertuzumab, Bevacizumab, Atelzolizumab etc. affordable. This financial exclusion is in sharp contrast to global guidelines, where immunotherapy is part of standard care. Without practical

pricing solutions and collaboration between companies and the government, most Indian cancer patients will remain without access to these life-extending 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.):

1. Based on what I see daily while treating patients at a trust-based hospital, I propose a practical model to improve access to immunotherapy in India. It would include using lower or fixed doses, collecting real-world outcomes, and encouraging partnerships between hospitals, pharma, and the government. For example, lower doses like bevacizumab at 7.5 mg/kg with chemotherapy have shown benefit and could be explored for other immunotherapy agents too. We can start by enrolling patients into registries and tracking outcomes — it's safe, cost-effective, and helps build much-needed regional data.
2. Second, we should adapt access models like Roche's Blue Tree Program for HER2+ breast cancer and create similar frameworks for immunotherapy, starting with trust hospitals and regional cancer centers.
3. Third, we need policy-level action. Societies like ISMPO can advocate for including agents that have strong outcome benefits in Government schemes. Ex: IO in Melanoma, PDL1 positive NSCLC, Cervical cancer etc. But access also means being responsible with testing and drug use. In our setting, we often don't offer PD-L1 testing, because even if it's positive, patients can't afford the treatment. As a developing country, we must prioritize cost-effective use of limited resources. Also, biomarkers and pharmacogenomic profiles vary across populations, and data from Western trials may not fully apply to our patients. We need India-specific research and advisory guidelines that consider our population biology, disease burden, and financial constraints. With real-world evidence, tiered dosing, and local policy support, we can make immunotherapy accessible based on biology, not privilege and deliver meaningful treatment options even within a constrained system.

Full Name:
Amol Sitaram Rathod

Name of the Institution:
PD Hinduja National Hospital and Medical Research Centre

State:
Maharashtra

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Least target concentration dosage of drug

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. Pembrolizumab and Nivolumab (To buy 5 doses and gets 12 doses free) in Patient Assistance Program, Kiran scheme (by MSD) based on annual income dividing patient into income slabs and has their own loan system for the drug.
2. Biggest asset of government is people. To explain the scheme making body, about cancer happening in young that has long overall survival with immunotherapy. Eg, RCC, HCC, Hodgkin lymphoma, as after all Government will always ask what is for them in here.

- Low dose Nivolumab changed the landscape of management of head and neck cancer. In a similar way, one needs to find out minimum target concentration dosage of the drug. Like Trastuzumab Deruxtecan 3 mg/kg rather than 5.4-6.4 mg/kg. In this way, cost of the drug and cost of managing toxicity will come down thereby decreasing the financial burden on patient.

- To have flexible patent of drug to reach mass.

3. Made in India Products. Thereby reducing cost of procuring from foreign countries. To have our own trials. Insurance companies are keeping cap on reimbursing for immunotherapy, to make immunotherapy scheme with big insurance company and benefits both pharma company and insurance company that will force all other insurance companies to have similar immunotherapy scheme. (Just like Docomo scheme in telecommunication).

Full Name:
Pearl

Name of the Institution:
KMC Medical College

State:
Uttar Pradesh

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Making Immunotherapy More Accessible and Affordable:
A Patient-Centric Approach

Immunotherapy has transformed cancer care, offering new hope to patients with previously limited options. However, the high cost and limited availability of these therapies often prevent many patients especially in low- and middle-income countries, from accessing this life-saving treatment. To bridge this gap, a multi-level strategy is essential, involving pharmaceutical companies, healthcare providers, governments, and patient advocates.

1. Learning from Global Access Models

- While immunotherapy is relatively new, successful access programs in other therapeutic areas offer important lessons:
- GIPAP (Glivec International Patient Assistance Program):
- Provided free imatinib to CML patients in LMICs through NGO partnerships. This model can be adapted for immunotherapies by collaborating with local cancer centers and NGOs.
- GAVI Alliance (Vaccines): Demonstrated how tiered pricing, pooled procurement, and donor funding can dramatically expand access to essential biologics.
- Medicines Patent Pool (HIV, Hepatitis C): Encouraged voluntary licensing and generic competition, reducing prices for complex drugs, an approach that could be considered for older immune checkpoint inhibitors.
- These examples prove that with the right partnerships and structures, biological and high-cost therapies can become accessible across income settings.

2. Collaborating to Cut Costs and Widen Access: Pharma Government Provider Pathway

- To sustainably improve access to immunotherapy, pharma companies, healthcare systems, and governments must work together. Here's how:

Step-by-Step Pathway:
Stage, Action Plan, Real-World Examples

1. Clinical Trials Access: Expand trials in Africa, Asia, and Latin America to provide free drug access and generate local data. Roche and MSD have ongoing studies in LMICs.

2.Tiered PricingOffer flexible pricing based on a country's income and cancer burden. India and Brazil already receive lower-cost immunotherapy than high-income countries.

3. Local Manufacturing & Biosimilars Support domestic production to reduce cost of PD-1/PD-L1 drugs. Biocon™ biosimilar programs show promise.

4. Outcome-Based Payment Models Share risk with providers pharma gets paid only if patient outcomes improve. Pilots are underway in Europe and South America.

5. Inclusion in Public Health Schemes Immunotherapy should be covered under national cancer control plans or public health insurance. Thailand and Argentina have taken early steps.
By aligning innovation with equity, this path ensures patients don't have to choose between survival and financial ruin.
3. Advocacy & Policy Reform: Voices that Drive Change
Patients, clinicians, and civil society organizations have a powerful role to play in changing laws and reshaping public health priorities.
Key Advocacy Actions:
1. Lobby for Inclusion in Essential Medicines Lists: ESMO and UICC are pushing for certain immunotherapies to be globally listed, helping nations secure funding and pricing concessions.
2. Public Budget Advocacy: Patient groups can push for dedicated cancer immunotherapy budgets in national health ministries.
3. Support TRIPS Flexibilities: For nations that cannot afford branded drugs, compulsory licensing or voluntary pooling of patents may open the door to biosimilars.
4. Push for HTA-Based Reimbursement: Use evidence-based frameworks (like UK's NICE) to rationalize and prioritize immunotherapy funding.
5. Storytelling for Policy Impact: Patients sharing their struggles with affordability can humanize the debate, driving faster policy action.

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.):
In Conclusion, immunotherapy holds immense potential, but that promise must be shared equitably. Whether a patient is in Boston or Bengaluru, Buenos Aires or Nairobi, cancer should be treated with the same hope and the same commitment to care. Access is not just a scientific or economic issue, it's a moral imperative. Through cross-sector collaboration, smart pricing models, biosimilar innovation, and bold advocacy, we can ensure that this revolutionary treatment reaches not just the privileged few but every patient who needs it.

Full Name:
Viji V Julian

Name of the Institution:
Madras Medical College

State:
Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
To establish equity in the affordability and accessibility in the immunotherapy to all cancer patients in low middle income countries.

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.):
National cancer registry program is an ICMR program tracking cancer trends, incidence and burden in India. It has 6 regional registries North, South, West, East, Central and Northeast. The cancers with the individual stages, approved for immunotherapy should be enlisted and enrolled separately. The academic and nonacademic cancer institutions should be registered. The cases from all the regions should be pooled every week. The ICMR research centres should have accredited laboratories with biomarker facilities. This will aid in the early diagnosis of the total burden of the population of patients requiring immunotherapy. The two main ways to reduce the cost is to increase the demand and to

promote the invention of generics and biosimilars. There are Indian trials to prove the efficacy of low dose immunotherapy in head and neck cancers and lymphomas. The role of pharmaceutical companies is collaborating with the ICMR in its trials towards innovation in immunology. Despite competitions, the pharmaceutical companies with research and development units can have a mutual understanding among each other towards development of biosimilars and generics in various cancers. Let us stay together in the fight against cancer.

Full Name:
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Name of the Institution:
Deenanath Mangeshkar Hospital

State:
Maharashtra

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Better survival, durable responses

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.):
Make patients aware of Patient assistance programs available by having patient awareness campaigns for that particular cancer. Cutting down costs on the basis of certain free access on the basis of the patient profile and socioeconomic status. Make donations from those affording to those not affording. Make schemes for better cost effectiveness for the MSI high or PDL 1 or TMB high patients versus those who may not benefit from immunotherapy. Spread immunotherapy awareness in primary and secondary medical centers.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):
Conclusion: A Coordinated Access Roadmap
Component Strategy
Pricing Tiered pricing
Value-based agreements Supply Chain Local manufacturing,
licensing deals Infrastructure Training, equipment, telehealth Policy
Inclusion in public insurance, regulatory fast-tracks
Advocacy Patient groups, policy reform, global alliances

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 Access Models as Examples Several successful models from other therapeutic areas offer insights into how immunotherapy access can be expanded:**
a) Gavi, the Vaccine Alliance
• Public-private partnership delivering vaccines affordably to low-income countries.
• Uses tiered pricing, pooled procurement, and donor subsidies.
b) HIV/AIDS Access Programs (e.g., PEPFAR, Global Fund)
• Partner with governments, NGOs, and pharma for subsidized ART.
• Fostered generic drug production and licensing to reduce costs drastically.
c) Novartis Access Program for NCDs
• Supplies 15+ drugs for chronic diseases in LMICs at $1 per treatment/month.
• Works with ministries of health and NGOs.

2. **Role of Pharmaceutical Companies, Governments, and Providers Pharma companies can collaborate with healthcare systems and governments through structured programs:**
a) Tiered Pricing Models
• Set different prices for high-, middle-, and low-income countries based on GDP or healthcare spending.
b) Risk-Sharing Agreements
• Value-based contracts where payment is tied to outcomes (e.g., response rate, progression-free survival).
c). Local Manufacturing and Tech Transfer
• Partner with local manufacturers under voluntary licenses to reduce costs and boost supply chain security.
d) Expanded Access and Compassionate Use Programs
• For patients with no alternatives and financial hardship.
e). National Reimbursement Programs
• Work with payers to include immunotherapy in government-sponsored insurance.
f). Training and Capacity Building
• Partner with hospitals to build immunotherapy infrastructure and reach rural areas.

3. **Legislative and Advocacy Efforts A robust advocacy ecosystem is key to influencing policy and legislation.**
a). Cancer Patient Advocacy Groups
• Lobby for national cancer plans to include immunotherapy.
b) Public Awareness Campaigns
• Educate public and policymakers about the life-saving potential of immunotherapy.
c) Push for Policy Inclusion
• Advocate for immunotherapy coverage in national health insurance schemes.