

**Submission topic: Accessibility and affordability of immunotherapy in oncology care**

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**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 we 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.Tiered 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.